

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2006 8:00 am
Secretary of State

06-01-2006 90001 040 ****61.25

DOCUMENT # N11541

1. Entity Name
SOUTH FLORIDA COMPOSERS ALLIANCE, INC.



Principal Place of Business
**12355 NE 13 AVE
N MIAMI, FL 33161 US**

Mailing Address
**PO BOX 01-5298
MIAMI, FL 33101-5298 US**

00020111



05262006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2626561

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATAMOROS, GUSTAVO
10002 E BAY HARBOR DR
7
MIAMI, FL 33154**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MATAMOROS, GUSTAVO
STREET ADDRESS 10002 E BAY HARBOR DR #7
CITY-ST-ZIP MIAMI, FL 33154

T ☒ Change ☐ Addition
NAME D'AMATO, ARTHUR
STREET ADDRESS 6868 ANTINORI LANE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE T ☒ Delete
NAME D'AMATO, ARTHUR
STREET ADDRESS 8287 BERMUDA SOUNDWAY
CITY-ST-ZIP BOYTON BEACH, FL 33436

S ☒ Change ☐ Addition
NAME JARDINES, ENRIQUE
STREET ADDRESS P.O. BOX 144737
CITY-ST-ZIP MIAMI, FL 33114

TITLE V ☒ Delete
NAME CARABALLO, SUSAN
STREET ADDRESS 2033 CALAIS DR #4
CITY-ST-ZIP MIAMI, FL 33141

D ☐ Change ☒ Addition
NAME MARILYN GOTTLIEB-ROBERTS
STREET ADDRESS 800 LENOX #5
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE VD ☒ Delete
NAME JARDINESS, ENRIQUE
STREET ADDRESS P.O. BOX 144737
CITY-ST-ZIP MIAMI, FL 33114

D ☐ Change ☒ Addition
NAME JUAN CARLOS ESPINOSA
STREET ADDRESS MDC - 300 NE 2 AVENUE
CITY-ST-ZIP MIAMI, FL 33132

TITLE V ☐ Delete
NAME JONAS, TODD J
STREET ADDRESS 555 NE 15 STREET #27-A
CITY-ST-ZIP MIAMI, FL 33132

D ☐ Change ☒ Addition
NAME BROOK A. DORSCH
STREET ADDRESS 151 NW 24 STREET
CITY-ST-ZIP MIAMI, FL 33127

TITLE D ☐ Delete
NAME CHESTLER, JEREMY
STREET ADDRESS 941 LINCOLN RD, # 205
CITY-ST-ZIP MIAMI BEACH, FL 33139

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/06

Date

305 981 0600

Daytime Phone #