

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11541

FILED  
Jul 21, 2009  
Secretary of State

**Entity Name:** SOUTH FLORIDA COMPOSERS ALLIANCE, INC.

**Current Principal Place of Business:**

12355 NE 13 AVE  
206  
N MIAMI, FL 33161 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 01-5298  
MIAMI, FL 331015298 US

**New Mailing Address:**

**FEI Number:** 59-2626561 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MATAMOROS, GUSTAVO  
Address: 10002 E BAY HARBOR DR #7  
City-St-Zip: MIAMI, FL 33154

Title: PD ( ) Delete  
Name: D, ARTHUR  
Address: 6868 ANTINORI LN  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: S ( ) Delete  
Name: DORSCH, BROOK A  
Address: 151 NW 24TH ST  
City-St-Zip: MIAMI, FL 33127

Title: T ( ) Delete  
Name: JARDINESS, ENRIQUE  
Address: P.O. BOX 144737  
City-St-Zip: MIAMI, FL 33114

Title: V ( ) Delete  
Name: JONAS, TODD J  
Address: 1717 N BAYSHORE DR #2551  
City-St-Zip: MIAMI, FL 33132

Title: D ( ) Delete  
Name: CHESTLER, JEREMY  
Address: 941 LINCOLN RD, # 205  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: GOTLIEB-ROBERTS, MARILYN  
Address: 800 LENOX  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUSTAVO MATAMOROS

D

07/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date