


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N25720</b> 1. Entity Name <b>THE MIAMI CLASSICAL GUITAR SOCIETY, INC.</b>	
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Principal Place of Business <b>C/O IGNACIO ARES 10844 S.W. 26 TERRACE MIAMI, FL 33165</b>	Mailing Address <b>C/O IGNACIO ARES 10844 S.W. 26 TERRACE MIAMI, FL 33165</b>
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**DO NOT WRITE IN THIS SPACE**



03312005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0061225</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

5. Name and Address of Current Registered Agent

**ARES, IGNACIO  
10844 SW 26 TERRACE  
MIAMI, FL 33165**

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MOLINA, CARLOS M. 10630 S.W. 126TH AVENUE MIAMI, FL 33136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ARES, IGNACIO 10844 S.W. 26 TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARES, MERCEDES 11965 SW WALSH BLVD. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000286704  
04/04/05-60040-001 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Ignacio Ares **IGNACIO ARES** **4/1/05** **(305) 225-0429**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #