

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90082 029 \*\*\*\*61.25

<b>DOCUMENT # N25720</b> 1. Entity Name <b>THE MIAMI CLASSICAL GUITAR SOCIETY, INC.</b>					
Principal Place of Business <b>C/O IGNACIO ARES</b> <del>10844 S.W. 26 TERRACE</del> <del>MIAMI, FL 33165</del>				Mailing Address <b>C/O IGNACIO ARES</b> <del>10844 S.W. 26 TERRACE</del> <del>MIAMI, FL 33165</del>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. <b>2715 SW 109 AVENUE</b>		3. Mailing Address Suite, Apt. #, etc. <b>2715 SW 109 AVENUE</b>		40040000	
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FLORIDA</b>		03272007 Chg-NP CR2E037 (12/06)	
Zip <b>33165</b>		Country <b>USA</b>		4. FEI Number <b>65-0061225</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>ARES, IGNACIO</b> <del>10844 SW 26 TERRACE</del> <del>MIAMI, FL 33165</del>			7. Name and Address of New Registered Agent Name <b>ARES, IGNACIO</b> Street Address (P.O. Box Number is Not Acceptable) <b>2715 SW 109 AVENUE</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33165</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>MOLINA, CARLOS M.</b> <b>10630 S.W. 126TH AVENUE</b> <b>MIAMI, FL 33136</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <b>ARES, IGNACIO</b> <del>2715 S.W. 109 AVE</del> <b>MIAMI, FL 33165</b>	<input type="checkbox"/> Delete	<b>VTD</b> <b>ARES, IGNACIO</b> <b>2715 SW 109 AVE</b> <b>MIAMI, FL 33165</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARES, MERCEDES</b> <b>11965 SW WALSH BLVD.</b> <b>MIAMI, FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>Ignacio Ares</u> <b>IGNACIO ARES</b>			<b>3/27/07 (305) 606-7143</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		