

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 11, 2009**  
**Secretary of State**

DOCUMENT# N35308

**Entity Name:** THE MIAMI SYMPHONY ORCHESTRA/ORQUESTA SINFONICA DE MIAMI, INC.**Current Principal Place of Business:**10300 S.W. 72ND STREET  
SUITE 499  
MIAMI, FL 33173 US**New Principal Place of Business:****Current Mailing Address:**10300 S.W. 72ND STREET  
SUITE 499  
MIAMI, FL 33173 US**New Mailing Address:****FEI Number:** 65-0165057 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**OCHOA, M. SOFIA  
6130 SW 92 AVE  
MIAMI, FL 33173 US**Name and Address of New Registered Agent:**

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:** PD ( ) Delete  
**Name:** OCHOA, M. SOFIA  
**Address:** 6130 SW 92 AVE  
**City-St-Zip:** MIAMI, FL 33173 US**Title:** CD ( ) Delete  
**Name:** RAFAEL DIAZ-BALART  
**Address:** 501 BRICKELL KEY DR #500  
**City-St-Zip:** MIAMI, FL 33131 US**Title:** TD ( ) Delete  
**Name:** EUGENIO MASLOWSKI  
**Address:** 9130 S. DADELAND BLVD. SUITE 1400  
**City-St-Zip:** MIAMI, FL 33156 US**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****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:** V-CD ( ) Change (X) Addition  
**Name:** ANTHONY MIJARES  
**Address:** 7975 NW 154 STREET, SUITE 400  
**City-St-Zip:** MIAMI LAKES, FL 33016 US**Title:** D ( ) Change (X) Addition  
**Name:** EDUARDO MARTURET  
**Address:** 201 CRANDON BLVD. APT. 723  
**City-St-Zip:** KEY BISCAYNE, FL 33149 US**Title:** D ( ) Change (X) Addition  
**Name:** RALPH PATINO  
**Address:** 225 ALCAZAR AVENUE  
**City-St-Zip:** CORAL GABLES, FL 33134 US

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: M. SOFIA OCHOA

PD

08/11/2009

Electronic Signature of Signing Officer or Director

Date