

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 08, 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:**RALPH PATINO
225 ALCAZAR AVENUE
CORAL GABLES, FL 33134 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: RALPH PATINO

09/08/2009

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:** V-CD () Delete
Name: ANTHONY MIJARES
Address: 7975 NW 154 STREET, SUITE 400
City-St-Zip: MIAMI LAKES, FL 33016 US**Title:** D () Delete
Name: EDUARDO MARTURET
Address: 201 CRANDON BLVD. APT. 723
City-St-Zip: KEY BISCAVNE, FL 33149 US**Title:** D () Delete
Name: RALPH PATINO
Address: 225 ALCAZAR AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: MURPHY, KATHLEEN
Address: 10300 SW 72 STREET
City-St-Zip: MIAMI, FL 33173 US**Title:** () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition**Title:** () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition**Title:** () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition**Title:** () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition**Title:** () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

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: KATHLEEN MURPHY

PRES

09/08/2009

Electronic Signature of Signing Officer or Director

Date