2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000268

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address: City-St-Zip: PD

COCONUT GROVE, FL 33133

GOODE, KENNETH

MIAMI, FL 33189

MAYO, ORESTES

8495 SW 174TH ST.

PALMETTO BAY, FL 33157

8680 SW 212 ST, #306

() Delete

() Delete

Entity Name: ALHAMBRA MUSIC, INC.

FILED Apr 19, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
3250 MARY COCONUT	/ ST #400 GROVE, FL	33133				
Current Mailing Address:			New Mailing Address:			
3250 MARY ST #400 COCONUT GROVE, FL 33133						
FEI Number:	65-0565230	FEI Number Applied For () FEI N	Number Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: N				Name and Address of New Registered Agent:		
HAUSER, HELEN ESQ 3250 MARY ST #400 COCONUT GROVE, FL 33133 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:						
	Electror	nic Signature of Registered Agent			Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () STRASSBURG 7800 CAMINO MIAMI, FL 331	REAL #H409	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	S/D () ALVAREZ, JAC 7260 SW 129T MIAMI, FL 331	H STREET	Title: Name: Address: City-St-Zip:	S/D (X MAYO, OREST 8495 SW 1747 MIAMI, FL 331	TH STREET	
Title: Name: Address: City-St-Zip:	T/D () HYAMS, JOY 5500 RIVIERA CORAL GABLE		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address:	HAUSER, HELE	Delete EN A REET, SUITE 400	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

PD

GOODE, KENNETH

COPELAND, JANET

824 CORTEZ STREET

CORAL GABLES, FL 33134

MIAMI, FL 33133

90 EDGEWATER DRIVE, #726

(X) Change () Addition

(X) Change () Addition

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: HELEN ANN HAUSER VP 04/19/2007