

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2008 08:00 AM
Secretary of State**

DOCUMENT # N97000001986

1. Entity Name
CONTEMPORARY MUSIC COOPERATIVE CORP.



Principal Place of Business
**P.O. BOX 833142
MIAMI, FL 33283-3142**

Mailing Address
**P.O. BOX 833142
MIAMI, FL 33283-3142**



04092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0783684

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CUTRERA, ANTHONY
911 EDISON AVE
LEHIGH ACRES, FL 33936**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
CUTRERA, ANTHONY
911 EDISON AVE
LEHIGH ACRES, FL 33936**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BILLINGTON, ROBERT
P.O. BOX 833142 (N/A)
MIAMI, FL 332833142**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LETONA, MARIA
P.O. BOX 833142 (N/A)
MIAMI, FL 332833142**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KAM, DENNIS
UNIVERSITY OF MIAMI SCHOOL OF MUSIC
CORAL GABLES, FL 33124**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FLOYD, J. B. DR.
4841 S.W. 64 CT.
MIAMI, FL 33155**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ACEBO, MANUEL
7384 S.W. 80 STREET, APT. #25
MIAMI, FL 33143**

U00000897407
04/25/08-80046-016 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Anthony Cutrera **Anthony Cutrera, PT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/08 239 303 2029
Date Daytime Phone #