

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N99000004829

1. Entity Name
FOR THE LOVE OF MUSIC, CONCERT ASSOCIATION,
INC.



Principal Place of Business

7757 N.W. 53RD STREET
MIAMI, FL 33156

Mailing Address

7757 N.W. 53RD STREET
MIAMI, FL 33156

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90170 040 ****61.25



04282004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0955604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RODRIGUEZ, CAMILO
9783 S.W. 68 STREET
MIAMI, FL 33173

**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, 2004

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	D PARRON, MR. IVAN 8925 COLLINS AVE APT 2A SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PARRON, MRS. PARRON 8925 COLLINS AVE APT 2A SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOSA, MARIA 888 BRICKELL KEY DRIVE APT # 1012 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Camillo Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 305-594-4422
Date Daytime Phone #