

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006107

FILED
Apr 25, 2008
Secretary of State

Entity Name: RMS MUSIC PARENTS ASSOCIATION, INC.

Current Principal Place of Business:

16001 SW 248 STREET
HOMESTEAD, FL 33031

New Principal Place of Business:

Current Mailing Address:

16001 SW 248 STREET
HOMESTEAD, FL 33031

New Mailing Address:

FEI Number: 65-0903549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VEGA, JOAQUIN
14276 SW 177TH STREET
HOMESTEAD, FL 33177 US

Name and Address of New Registered Agent:

VAN RYN, VICTORIA PRES
16001 SW 248 STREET
HOMESTEAD, FL 33031 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: VICTORIA VAN RYN

04/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VEGA, JOAQUIN
Address: 14276 SW 77TH STREET
City-St-Zip: HOMESTEAD, FL 33177

Title: S (X) Delete
Name: AREVALO, DAWN
Address: 27855 SW 199TH AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: T () Delete
Name: ALLEN, MARY C
Address: 15910 SW 287 STREET
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VAN RYN, VICTORIA PRES
Address: 16001 SW 248 STREET
City-St-Zip: HOMESTEAD, FL 33031

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: ALLEN, MARY C
Address: 16001 SW 248 STREET
City-St-Zip: HOMESTEAD, FL 33031

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: MARY ALLEN

TRES

04/25/2008

Electronic Signature of Signing Officer or Director

Date