


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # K64704**  
 1. Entity Name  
**HEAVY AIR MUSIC, INC.**



Principal Place of Business  
 10429 SW 118 CT.  
 MIAMI, FL 33186 US

Mailing Address  
 8520 SW 81 LANE  
 MIAMI, FL 33143 US

**DO NOT WRITE IN THIS SPACE**



01132006 No Chg-P CR2ED34 (11/05)

4. FEI Number <b>65-0100984</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**CARRION, MARI ANGEL**  
**8520 SW 81 LANE**  
**MIAMI, FL 33143**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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	SD CARRION, MARI ANGEL 8520 SW 81 LANE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRION, JOSE LUIS JR 8520 SW 81 LANE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAVIER, CARRION F 10429 SW 118 CT. MIAMI, FL 33188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/29/06-80152-005 150.00

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 607, 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:** \_\_\_\_\_ **MARI-ANGEL CARRION** **4-15-06** **305-598-1681**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/Time Phone #