


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90079 016 ***150.00

DOCUMENT # P01000033124
 1. Entity Name
SHAKIN BAKER MUSIC, INC.



Principal Place of Business
**7233 PROMENADE DRIVE, APT. 301
 BOCA RATON, FL 33433**

Mailing Address
**7233 PROMENADE DRIVE, APT. 301
 BOCA RATON, FL 33433**

50061535



2. Principal Place of Business
3522 NW 61ST CIRCLE

3. Mailing Address
450 SEVENTH AVENUE

Suite, Apt. #, etc.
1701

08022005 Chg-P CR2E034 (10/03)

City & State
BOCA RATON, FL

City & State
NEW YORK, NY

Zip
33496

Country
USA

Zip
10123-1701

Country
USA

4. FEI Number
11-2612830

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BAKER, IRVING
 7233 PROMENADE DRIVE, APT. 301
 BOCA RATON, FL 33433**

7. Name and Address of New Registered Agent

Name
IRVING BAKER

Street Address (P.O. Box Number is Not Acceptable)
3522 NW 61ST CIRCLE

City
BOCA RATON FL

Zip Code
33496

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 title if applicable (NOTE: Registered Agent signature required when remaining)

**FILE NOW!!! FEE IS \$150.00
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P	NAME ARTHUR, BAKER	<input type="checkbox"/> Delete
STREET ADDRESS 450 SEVENTH AVE STE 1701	CITY-ST-ZIP NEWYORK, NY 101232107	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P	NAME ARTHUR BAKER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 450 SEVENTH AVENUE, STE#1701, NY, NY	CITY-ST-ZIP 10123-1701	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

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 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: *Arthur Baker* **8/10/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #