2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000044638

FIGUEROA, JAVIER J

MIAMI, FL 33196

15634 SW 96TH TERRACE

Name: Address:

City-St-Zip:

Entity Name: ROUTE-MIA AUDIO ENGINEERING, INC.

FILED Apr 17, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8315 SW 72 AVE., #214B MIAMI, FL 33143 **Current Mailing Address: New Mailing Address:** 8315 SW 72 AVE., #214B MIAMI, FL 33143 FEI Number: 65-1100829 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FIGUEROA, ALFREDO R FIGUEROA, ALFRED 8315 SW 72 AVE., #214B 15634 SW 96TH TERRACE MIAMI, FL 33143 MIAMI, FL 33196 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: ALFRED FIGUEROA 04/17/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition FIGUEROA, ALFRED Name: Name: 15634 SW 96TH TERRACE Address: Address: City-St-Zip: MIAMI, FL 33196 City-St-Zip: Title: PD Title: (X) Delete () Change () Addition Name: FIGUEROA, ALFREDO R Name: 15634 SW 96TH TERRACE Address: Address: MIAMI, FL 33196 City-St-Zip: City-St-Zip: Title: Title: SVD (X) Delete () Change () Addition FIGUEROA, ILEANA L Name: Name: 15634 SW 96TH TERRACE Address: Address: City-St-Zip: MIAMI, FL 33196 City-St-Zip: Title: VTD (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ALFRED FIGUEROA PD 04/17/2005