## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P96000029886

1. Entity Name

LATIN MUSIC HALL OF FAME, INC.



Principal Place of Business

Mailing Address

1717 NORTH BAYSHORE DRIVE SUITE 2851

1717 NORTH BAYSHORE DRIVE SUITE 2851

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MIAMI, FL 33132

SUITE 2851 MIAMI, FL 33132

2 DI

## FILED Mar 17, 2004 08:00 AM Secretary of State



03102004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0723447 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

WATKINS, NICOLAS J 501 BRICKELL KEY DR.

501 BRICKELL KEY DR. STE 504 MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registered o	fice or r	egistered agent, or bo	th, in the State of Florida, I am familiar with, and accept
SIGNATORE	Signature, typed or printed name of registered agent and title it	f applicable. (NOTE, Registered Age	nt signatur	required when roinstaling)	DAYE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campalgn Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000090947 03/17/04-80039-016 158.75
10.	OFFICERS AND DIREC	TORS			_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANCHEZ, GUSTAVO 1717 NORTH BAYSHORE DRIVE #28 MIAMI, FL 33132	51 <u>-</u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
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TELE	1				

12. I hereby certify that the information supplied with this filling 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 if 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 of an address, with all other like empowered.

SIGNATURE: \_>

NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MR C4 14/2004 (305) 530 45

Dayilma Phone