2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 02, 2006 8:00 am Secretary of State 05-02-2006 90200 013 ***150.00 DOCUMENT # P99000056147 1. Entity Name SOUTH BEACH SOUND SPECIAL EVENTS CONSULTANT, INC. 60034212 Principal Place of Business Mailing Address 15575 SW 17 ST 15575 SW 17 ST **DAVIE. FL 33326 DAVIE, FL 33326** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02232006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0933064 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UMBERT, ANGEL 3553 SW 173RD TERRAĆE Street Address (P.O. Box Number is Not Acceptable) MIRAMAR, FL 33029 DAVIE 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. Signature, typed or printed name of registered agent and utle if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 мау Ве 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Delete TITLE ☐ Addition UMBERT, ANGEL NAME NAME STREET ADDRESS 15575 SW 17 ST STREET ADDRESS **DAVIE, FL 33326** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-St-ZIP ☐ Delete TITLE TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS

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 11 if changed, or one attachment with an address, with all other like empowered. (954) ANGEL

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

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382-5701

Change

☐ Addition

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