2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 511424

1. Entity Name

LINDSEYANNE MUSIC CO, INC.



Mar 21, 2006 8:00 am Secretary of State 03-21-2006 90026 040 ***150.00

FILED

Principal Place of Business

Mailing Address

13385 W. DIXIE HIGHWAY N. MIAMI, FL 33161 13385 W. DIXIE HIGHWAY N. MIAMI, FL 33161

03132006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1690516

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALAIMO, STEVE 13385 W. DIXIE HWY. N. MIAMI, FL 33161

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financia Trust Fund Contribution.				May Be I to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALAIMO, STEVE 13385 W. DIXIE HWY. N. MIAMI, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALAIMO, CANDIDA 13385 W. DIXIE HWY. N. MIAMI, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO N	OT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN TH	IIS SPACE
TITLE NAME STREET AODRESS C/TY-SI-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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					

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Grapher 118, Florida Statutes. I have been all a filling does not qualify for the exemptions contained in Grapher 118, Florida Statutes. I 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 of the receiver of the receiver

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

X March 17,2016 893-91