2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 08, 2005 8:00 am Secretary of State

| Zip Country Zip - Country - 5. Certificate of Status Desired Statu | | MENT # 529016 MUSIC CONSERVAT | ORY, INC. | | 04-08-2005 90054 040 ***150.00 | | 0.00 |
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| ### Applied Full Principal Place of Business 3. Mailing Address 3. M | Principal Place | e of Business | Mailing Address | | 7 | | |
| Suite. Apt. #. etc. Suite. Apt. #, etc. Chy & State Chy & State Country Street Address of Status Desired: Sp. 75 Additional Fee Required B. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Chy FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Chy FL Zip Code Chy FL Zip Chy | | | | | | | |
| City & State S. Name and Address of Current Registered Agent Name DIAZ, OFELIA S271 NW 1ST STREET MIAMI, FL 33126 City FL Zip Code Atter May 1, 2005 Fee will be \$550.00 After May 1, 2005 Fee will be \$550.00 Prost in the Contribution. City State Address (P.O. Box Number is Not Acceptable) The Sprawer speaker programs recorded agent, or both, in the State of Florida. I am familiar with, and acceptable of the contribution of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Prost interpolation. This SD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 This SD VILLALOBOS, JOSE STREET ADDRESS CITY-S1-Zip MAMM, FL Change Interpolation Ch | Principal Place of Business | | 3. Mailing Address | | | | |
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| Second continued Second cont | City & State | | City & State | | · • | | Applied For |
| S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1 | Zip | Country | Zip - | Country | | \$8.75 A | dditional |
| DIAZ, OFELIA 5271 NW 1ST STREET MIAMI, FL 33126 City FL Zip Code | 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New | | |
| Sireet Address (P.O. Box Number is Not Acceptable) City FL Zip Code | DIA 7 OF | *1.18 | . | Name | | , | |
| 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 actine obligations of registered agent. SIGNATURE Synature, typed or pursed name of registered agent and site I applicable FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: NAME VILLALOBOS, JOSE STREET ADDRESS 135 N. W. 1ST STREET CITY-SI-2P MIAMI, FL 1014 PTD DIAZ, OFELIA STREET ADDRESS CITY-SI-2P MIAMI, FL Delete 1116 NAME STREET ADDRESS CITY-SI-2P MIAMI, FL Delete 1116 NAME STREET ADDRESS CITY-SI-2P TITLE NAME STREET ADDRESS CITY-SI-2P | 5271 NW 1ST STREET | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| B. 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 ac the obligations of registered agent. SIGNATURE Signature, typed or printed name or registered agent and title if applicable. PROTE Registered Agent sonature required when revisitating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. DATE \$5.00 May Be Added to Fees Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INVE SD VILLALOBOS, JOSE STREET ADDRESS 5135 N. W. 1ST STREET MIAMI, FL OIAZ, OFELIA STREET ADDRESS CITY-ST-ZIP MIAMI, FL OLIVEST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI, FL OLIVEST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OLIVEST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRE | WILAWI, 1 C 33 120 | | | City | | Zin Co | nde : |
| The obligations of registered agent. SIGNATURE Signature, typed or private hame of registered agent and little if applicable. [NOTE: Registered Agent sphallur required when reinstating] | | | | | | | |
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| 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 discourse of the construction of the const | STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | 5135 N. W. 1ST STREET MIAMI, FL PTD DIAZ, OFELIA 5271 N. W. 1ST STREET MIAMI, FL | Delete - Delete - Delete | STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | Change | e Addition E Addition E Addition |