


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 8:00 am
Secretary of State

05-15-2007 90005 003 ***150.00

DOCUMENT # F02000004122

1. Entity Name
MUSITECA MUSIC CORPORATION



Principal Place of Business Mailing Address
10544 NW 26ST, SUITE 104 E **10544 NW 26ST, SUITE 104 E**
MIAMI, FL 33172 **MIAMI, FL 33172**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
5757 Blue Lagoon Drive **5757 Blue Lagoon Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 230 **Suite 230**

City & State City & State
Miami, FL **Miami, FL**

Zip Country Zip Country
33126 **USA** **33126** **USA**

40110120



03222007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
06-1612187 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BREIL, GIORA W DPS
10544 NW 26ST, SUITE 104 E
MIAMI, FL 33172

7. Name and Address of New Registered Agent
 Name **Luis Joel Vazquez**
 Street Address (P.O. Box Number is Not Acceptable)
5757 Blue Lagoon Drive, Suite 230
 City **Miami** **FL** Zip Code **33126**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HARLOW, ANTHONY	
STREET ADDRESS	10544 NW 26TH ST SUITE E104	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, SIMON	
STREET ADDRESS	10544 NW 26TH ST SUITE E104	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIVINGSTON, G.S. III	
STREET ADDRESS	10544 NW 26ST, SUITE 104 E	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harlow, Anthony	
STREET ADDRESS	5757 Blue Lagoon Drive, Suite 230	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Livingston, G.S. III	
STREET ADDRESS	5757 Blue Lagoon Drive, Suite 230	
CITY-ST-ZIP	Miami, FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **G.S. LIVINGSTON III**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #