2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 17, 2007 8:00 am
Secretary of State
04-06-2007 90046 015 ***150.00

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DOCUMENT # F03000000728

1. Entity Name
EMUSICA HOLDINGS, INC.

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

02272007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5757 Blue Lagoon Drive	5757 Blue Lagoon Drive
Suite, Apt. #, etc.: Suite 230	Suite, Apt. #, etc.: Suite 230
City & State: Miami, FL	City & State: Miami, FL
Zip: 33126 Country: USA	Zip: 33126 Country: USA

4. FEI Number: 06-1543849 ☐ Applied For ☐ 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 26 STREET SUITE E-104
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name: Luis Jod 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: Comptroller 4/17/07
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARLOW, ANTHONY 10544 NW 26 ST, SUITE E104 MIAMI, FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Harlow, Anthony 5757 Blue Lagoon Drive, Suite 230 Miami, FL 33126	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS WILLIAMS, SIMON 10544 NW 26TH STREET SUITE E-104 MIAMI, FL 33172	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Livingston, G.S. III 5757 Blue Lagoon Drive, Suite 230 Miami, FL 33126	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIVINGSTON, G.S. III 10544 NW 26 STREET SUITE E-104 MIAMI, FL 33172	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 03-26-07 305-599-2011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #