
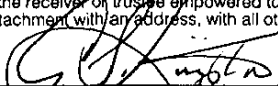


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90015 049 ***150.00

DOCUMENT # F06000007195 1. Entity Name: EMUSICA ACQUISITION CORPORATION					
Principal Place of Business 10544 NW 26 STREET SUITE E-104 MIAMI, FL 33172		Mailing Address 10544 NW 26 STREET SUITE E-104 MIAMI, FL 33172			
2. Principal Place of Business - No P.O. Box # 5151 Blue Lagoon Drive Suite, Apt. #, etc. Suite 230 City & State Miami, FL Zip 33126		3. Mailing Address 5151 Blue Lagoon Drive Suite, Apt. #, etc. Suite 230 City & State Miami, FL Zip 33126		4. FEI Number 20-3013919 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAZQUEZ, LUIS J 105 NW 26 STREET SUITE E-104 MIAMI, FL 33172				7. Name and Address of New Registered Agent Name Luis Joel Vazquez Street Address (P.O. Box Number is Not Acceptable) 5151 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 Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete HARLOW, ANTHONY 10544 NW 26 STREET #E-104 MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Harlow, Anthony 5151 Blue Lagoon Drive, Suite 230 Miami, FL 33126		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete LIVINGSTON, STUART 10544 NW 26 STREET #E-104 MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Livingston, G.S. III 5151 Blue Lagoon Drive, Suite 230 Miami, FL 33126		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 #	