

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90029 014 \*\*\*150.00

**DOCUMENT # G22735**

1. Entity Name  
**EXUMA SOUND, INC.**



Principal Place of Business

7448 SW 48 STREET  
P. O. BOX 432193  
MIAMI, FL 33243

Mailing Address

7448 SW 48 STREET  
MIAMI, FL 33155 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2263274

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**GRINBERG, MARTA**  
**7448 SW 48TH ST.**  
**MIAMI, FL 33155**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **GRINBERG, MARTA**  
STREET ADDRESS **9150 S.W. 95TH AVENUE**  
CITY-ST-ZIP **MIAMI, FL**

TITLE **V** ☐ Delete  
NAME **LAPPAS, JAMES**  
STREET ADDRESS **6920 SUNRISE PLACE**  
CITY-ST-ZIP **CORAL GABLES, FL**

TITLE **S** ☐ Delete  
NAME **LAPPAS, NORMA**  
STREET ADDRESS **6920 SUNRISE PL**  
CITY-ST-ZIP **CORAL GABLES, FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Change ☐ Addition  
NAME **LAPPAS, JAMES**  
STREET ADDRESS **6932 SUNRISE PLACE**  
CITY-ST-ZIP **CORAL GABLES, FL**

TITLE **S** ☐ Change ☐ Addition  
NAME **LAPPAS, NORMA**  
STREET ADDRESS **6932 SUNRISE PLACE**  
CITY-ST-ZIP **CORAL GABLES, FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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:

*James Lappas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Lappas.

6 FEBRUARY 2004

(305) 666-6555

Date

Daytime Phone #