## 2007 FOR PROFIT CORPORATION

**FILED** Feb 05, 2007 08:00 AM tary of State

> Applied For Not Applicable

ANNUAL REPORT				05, 2007 06
DOCUMENT # J62936  1. Entity Name MUSICAL PRODUCTIONS, INC			,	Secretary of S
Principal Place of Business 2090 NW AVE MIAMI, FL 33122 US	Mailing Address 2090 NW 79 AVE MIAMI, FL 33122 US			
			01302007 No Chg-P	CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE			4. FEI Number 59-2796303	Applied Not Appl
			5. Certificate of Status Desired	S8.75 Additional Fee Required
6. Name and Address of C	urrent Registered Agent			
MORENO, ANTONIO 2090 NW 79 AVE. MIAMI, FL 33122			DO NOT V	

	e named entity submits this statement for the p tions of registered agent.	urpose of changing its register	ea office ar r	egistered agent, or bot	in, in the State of Plorida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title i	f applicable (NOTE: Registere	d Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORENO, ANTONIO 13330 SW 5TH STREET MIAMI, FL				U00000620110 02/09/07-80024-006 150.00
TITLE NAME STREET ADDRESS CITY-S1-ZIP	VP MORENO, JULIA 13330 SW 5TH STREET MIAMI, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE					

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier full fencit is one 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 of toslee employed 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

305-970-6922