2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2004 8:00 am
Secretary of State
06-02-2004 90001 043 ***150.00

DOCUMENT # K81031

1. Entity Name
ARGON MUSIC COMPANY, INC.

54056308

Principal Place of Business	Mailing Address
0850 N. KENDALL DR., #107 MIAMI, FL 33176 10850	0850 N. KENDALL DR., #107 MIAMI, FL 33176 10850

05062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0107747
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, CAROL RAE (KATY)
0850 N. KENDALL DR., #107
MIAMI, FL 33176
10850

DO NOT WRITE IN THIS SPACE

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 $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COHEN, CAROL RAE (KATY)
STREET ADDRESS	0850 N. KENDALL DR., #107
CITY-ST-ZIP	MIAMI, FL 331761305 10850
TITLE	VD
NAME	COHEN, ANDREW E. (ANDY)
STREET ADDRESS	0850 N. KENDALL DR., #107
CITY-ST-ZIP	MIAMI, FL 331761305 10850
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Katy Cohen 5/20/04 (305)215-7541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K81031

1. Entity Name
ARGON MUSIC COMPANY, INC.

Principal Place of Business	Mailing Address
717 SISTINA AVENUE CORAL GABLES FL 33146	717 SISTINA AVENUE CORAL GABLES FL 33146

S24056308

2. Principal Place of Business	3. Mailing Address
10850 N. Kendall Dr.	10850 N. Kendall Dr.
Suite (Apt. #) etc.: 107	Suite (Apt. #) etc.: 107
City & State: Miami, FL	City & State: Miami, FL
Zip: 33176 Country: Dade	Zip: 33176 Country: Dade

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0107747 (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
COHEN, CAROL RAE (KATY) 717 SISTINA AVENUE CORAL GABLES FL 33146	Name: Same Street Address (P.O. Box Number is Not Acceptable): 10850 N. Kendall Dr. #107 City: Miami, FL FL Zip Code: 33176

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: Katy Cohen (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE: 4/27/03

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COHEN, CAROL RAE (KATY) 717 SISTINA AVE. CORAL GABLES FL	☐ Delete	☐ Change ☐ Add	Same 10850 N. Kendall Dr., #107 Miami, FL 33176-1305
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COHEN, ANDREW E. (ANDY) 717 SISTINA AVE. CORAL GABLES FL	☐ Delete	☐ Change ☐ Add	Same 10850 N. Kendall Dr., #107 Miami, FL 33176-1305
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Add	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Add	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Add	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Add	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Katy Cohen 4/27/03 (305)275-7541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

ATTACHMENT 570563 08

April 28, 2004

Florida Department of State
Tallahassee, FL 32301

To Whom Concerned:

Please be advised that although I notified your office of my current address last year, (see copy attached), I never received the 2004 Uniform Business Report.

The information remains the same and I am enclosing my check in the amount of $150.00 to renew the registration of Argon Music Company, Inc., federal employer identification number 65-0107747, document #K81031.

Thank you in advance.

Sincerely yours,

Katy Cohen

Katy Cohen, Pres.

10850 N. Kendall Dr., #107
Miami, FL 33176-1305
(305) 275-7541