


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90200 025 ****50.00

DOCUMENT # L02000031318 1. Entity Name TODOMUSICA, L.L.C.					
Principal Place of Business 2855 N.W. 112TH AVENUE, SUITE 3 MIAMI, FL 33172			Mailing Address 2855 N.W. 112TH AVENUE, SUITE 3 MIAMI, FL 33172		
2. Principal Place of Business <i>1201 SW 144 COURT</i>		3. Mailing Address <i>1201 SW 144 COURT</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>Miami, FL</i>		City & State <i>Miami, FL</i>		4. FEI Number 37-1454110	
Zip <i>33184-3203</i>		Country <i>USA</i>		Applied For Not Applicable	
Zip <i>33184-3203</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CRUZ, AMAURY ESQ. C/O DE LA O & MARKO 3001 S.W. THIRD AVENUE MIAMI, FL 33129			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANCHEZ, PRUDENCIO 1201 SW 144TH CT MIAMI, FL 331843242		<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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Prudencio Y. Sanchez</i> PRUDENCIO Y. SANCHEZ <i>01/26/05</i> <i>(305) 488-0362</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					