

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90149 015 *****55.00

DOCUMENT # L02000033991

1. Entity Name
TOSTADITA MUSIC PUBLISHING, LLC.



Principal Place of Business
**4775 COLLINS AVE
SUITE 2404
MIAMI BEACH, FL 33140**

Mailing Address
**4775 COLLINS AVE
SUITE 2404
MIAMI BEACH, FL 33140**

24079002



2. Principal Place of Business
201 S. BISCAYNE BLVD

3. Mailing Address
201 S. BISCAYNE BLVD

Suite, Apt. #, etc.
28 FLOOR

Suite, Apt. #, etc.
28 FLOOR

City & State
MIAMI, FLORIDA

City & State
MIAMI, FL

Zip
33131

Country
USA

Zip
33131

Country
USA

03252004 Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3765736

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**REYGADAS, JOSE A
201 S BISCAYNE BLVD
28TH FLOOR
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

07/01/04

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SILVA, ANDRES F
4775 COLLINS AVE SUITE 2404
MIAMI BEACH, FL 33140** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ANDRES CEPEDA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ANDRES CEPEDA
CAVE 106 # 3225
BOGOTA, COLOMBIA** ☐ Change ☒ Addition

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

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

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

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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

07/05/04

Date

305-3509155

Daytime Phone #