


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90021 028 ****50.00

DOCUMENT # L04000054319	
1. Entity Name MUZIKA LLC	

20029823



Principal Place of Business 3033 NW 91ST AVE. SUITE 201 CORAL SPRINGS, FL 33065	Mailing Address 3033 NW 91ST AVE. SUITE 201 CORAL SPRINGS, FL 33065
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 4611 SOUTH CONGRESS AVE. Suite, Apt. #, etc. 207 City & State LAKE WORTH FL Zip 33461
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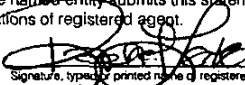
03282005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1396790	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MORTON, JONATHAN G 905 BRICKELL BAY DRIVE SUITE 1030 MIAMI, FL 33131	
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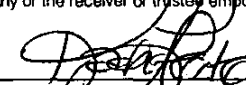
7. Name and Address of New Registered Agent Name RACHEL C LEITE Street Address (P.O. Box Number is Not Acceptable) 4611 SOUTH CONGRESS AVE. #207 City LAKE WORTH FL Zip Code 33461	
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8. The above named entity submits this statement for the purpose of 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 	DATE 7 Apr 2005

Filing Fee is \$50.00 Due by May 1, 2005	1	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEITE, RACHEL C 4611 SOUTH CONGRESS #207 LAKEWORTH, FL 33461 <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	MGR PEREIRA, VIVIANE B 3033 NW 91ST AVE. #201 CORAL SPRINGS, FL 33065 <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"/> 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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: 	Rachel C. Leite	7 Apr 2005	561-707-8813
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #