

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90113 009 \*\*\*143.75

<b>DOCUMENT # L07000095516</b> 1. Entity Name <b>MIAMI MASTERING LLC</b>			
Principal Place of Business <b>10290 E BAY HARBOR DR</b> <b>3J</b> <b>BAY HARBOR IS, FL 33154</b>		Mailing Address <b>10290 E BAY HARBOR DR</b> <b>3J</b> <b>BAY HARBOR IS, FL 33154</b>	
2. Principal Place of Business - No P.O. Box # <b>735 SW 25TH road</b> Suite, Apt. #, etc.		3. Mailing Address <b>735 SW 25TH road</b> Suite, Apt. #, etc.	
City & State <b>MIAMI FL 33129</b> Zip <b>33129</b>		City & State <b>MIAMI, FLORIDA</b> Zip <b>33129</b>	
Country <b>DADE</b>		Country <b>DADE</b>	
4. FEI Number		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FIGUEROA, MAURICIO A</b> <b>10290 E BAY HARBOR DR</b> <b>3J</b> <b>BAY HARBOR IS, FL 33154</b>		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;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIGUEROA, MAURICIO A 10290 E BAY HARBOR DR #J3 BAY HARBOR IS, FL 33154 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAINER, PABLO F 1001 91ST STREET #212 BAY HARBOR IS, FL 33154 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
<b>SIGNATURE:</b>		<b>04-14-08 (786) 444-2823</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone</small>	

ATTACHMENT

3000831P

#C0700009-1-16

Form **SS-4**

(Rev. July 2007)

Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested <b>MIAMI MASTERING LLC</b>		3 Executor, administrator, trustee, "care of" name	
2 Trade name of business (if different from name on line 1)		5a Street address (if different) (Do not enter a P.O. box.)	
4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>735 SW 25TH ROAD</b>		5b City, state, and ZIP code (if foreign, see instructions)	
4b City, state, and ZIP code (if foreign, see instructions) <b>MIAMI, FLORIDA 33129</b>		6 County and state where principal business is located <b>MIAMI</b>	
7a Name of principal officer, general partner, grantor, owner, or trustor <b>MAURICIO FIGUEROA</b>		7b SSN, ITIN, or EIN <b>772-60-2561</b>	
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members <b>1</b>	
8c If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.			
<input type="checkbox"/> Sole proprietor (SSN) _____		<input type="checkbox"/> Estate (SSN of decedent) _____	
<input checked="" type="checkbox"/> Partnership		<input type="checkbox"/> Plan administrator (TIN) _____	
<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____		<input type="checkbox"/> Trust (TIN of grantor) _____	
<input type="checkbox"/> Personal service corporation		<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government	
<input type="checkbox"/> Church or church-controlled organization		<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military	
<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____		<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises	
<input type="checkbox"/> Other (specify) ▶ _____		Group Exemption Number (GEN) if any ▶ _____	
9b If a corporation, name the state or foreign country (if applicable) where incorporated		State Foreign country	
10 Reason for applying (check only one box)		<input checked="" type="checkbox"/> Banking purpose (specify purpose) ▶ _____	
<input type="checkbox"/> Started new business (specify type) ▶ _____		<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____	
<input type="checkbox"/> Hired employees (Check the box and see line 13.)		<input type="checkbox"/> Purchased going business	
<input type="checkbox"/> Compliance with IRS withholding regulations		<input type="checkbox"/> Created a trust (specify type) ▶ _____	
<input type="checkbox"/> Other (specify) ▶ _____		<input type="checkbox"/> Created a pension plan (specify type) ▶ _____	
11 Date business started or acquired (month, day, year). See instructions. <b>09/19/2007</b>		12 Closing month of accounting year <b>12/31</b>	
13 Highest number of employees expected in the next 12 months (enter -0- if none).		14 Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.")	
Agricultural <b>0</b>	Household <b>0</b>	Other <b>0</b>	
15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) . . . . . ▶ _____			
16 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing		<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker	
<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance		<input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail	
<input checked="" type="checkbox"/> Other (specify) <b>MUSIC PRODUCER</b>			
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>SERVICES</b>			
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶ _____			

Third  
Party  
Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name

Designee's telephone number (include area code)

Address and ZIP code

Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶

Applicant's telephone number (include area code)

Signature ▶

Date ▶

( )

Applicant's fax number (include area code)

( )