Apr. 13. 2005 8:40PM

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State
04-18-2005 90323 006 ***150.00

DOCUMENT # M74313

1. Entity Name
RUCIO'S MUSICAL, INC.

Principal Place of Business	Mailing Address
21445 54TH DRIVE SOUTH BOCA RATON, FL 33486 US	21445 54TH DRIVE SOUTH BOCA RATON, FL 33486 US

50037595

2. Principal Place of Business		3. Mailing Address	
7331 NW 35th ST		P.O. BOX 527264	
Suite, Apt. #, etc. SCL 8612		Suite, Apt. #, etc. SCL 8612	
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA	
Zip 33122-1068	Country USA	Zip 33152-7264	Country USA

04132005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0033018 — 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
FARKAS, LEONARDO 21445 54TH DRIVE SOUTH BOCA RATON, FL 33486	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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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 IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARKAS, LEONARDO 21445 54TH DRIVE SOUTH BOCA RATON, FL 33486	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: LEONARDO FARKAS 4-12-05 (561) 948-4822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #