

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000000403

1. Entity Name
**BANDA PANAMENA DE CORNETAS Y TAMBORES DE
FLORIDA INC.**



Principal Place of Business
**2251 GREENE ST
HOLLYWOOD, FL 33020**

Mailing Address
**2251 GREENE ST
HOLLYWOOD, FL 33020**



01302008 No Chg-NP CR2E037 (11/05)

4. FEI Number
06-1675767

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CURRY, KHAYE
2251 GREENE ST
HOLLYWOOD, FL 33020**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS:

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
WILLIAMS, RUBAS
3824 SW 164TH TERRACE
MIRAMAR, FL 33027**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
AUSTIN, PEDRO
611 SW 66 AVENUE
MIAMI, FL 33144**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
CURRY, KHAYE
2251 GREENE ST
HOLLYWOOD, FL 33020**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000422551
02/17/06-80021-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 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 617, 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: Maxwell Nelson **MAXWELL NELSON** 2/3/06 561-512-0678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #