
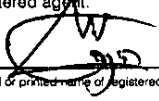
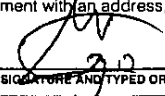


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90285 042 ****61.25

DOCUMENT # N03000004190 1. Entity Name MUSICAMERICA PERFORMANCE ACADEMY, INC.					
Principal Place of Business 1164 S POWERLINE RD. POMPAÑO BEACH, FL 33069			Mailing Address 1164 S POWERLINE RD. POMPAÑO BEACH, FL 33069		
2. Principal Place of Business 1350 Suite, Apt. #, etc. 111		3. Mailing Address 1350 E. Sunrise Blvd Suite, Apt. #, etc.			
City & State Fort Lauderdale FL Zip 33304		City & State Country USA		4. FEI Number 16-1666732	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CONTOURIS, CLAY 1164 S POWERLINE RD. POMPAÑO BEACH, FL 33069			7. Name and Address of New Registered Agent Name Amichai Hendel Street Address (P.O. Box Number is Not Acceptable) 1350 E. Sunrise Blvd STE 111 Fort Lauderdale, FL 33304 City FL Zip Code 33304		
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  Amichai Hendel 4/23/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RBM ABRAHAMSON, CURTIS 3880 S.W. 53RD COURT FORT LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	De Los Santos, Jacqueline 5316 NW 20th Street Margate, FL 33063 - RBM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RBM FLEISCHMAN, RICHARD 1251 N.E. 108TH ST. STE 810 NORTH MIAMI, FL 33161	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Contouris, Clay 1164 S Powerline Road Pompano Beach, FL 33069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE LOS SANTOS, JACQUELINE 5816 N.W. 20TH STREET MARGATE, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lodico Michele 9980 NW 5th Court Plantation, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. MICHAEL, WAGNER DR. 16233 S.W. 108TH COURT MIAMI, FL 33157	<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	P HENDEL, AMICHAH 11241 W. ATLANTIC BLVD. APT. 301 CORAL SPRINGS, FL 33071	<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	DIR. ABRAHAMSON, JANENE 3880 S.W. 53RD COURT FORT LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  Amichai Hendel 4/23/05 (954) 523-2711 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					