2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011840

BROOKS, CEDRIC

8625 SOUTHAMPTON DRIVE

MIRARAM, FL 33025 US

Name:

Address:

City-St-Zip:

FILED Sep 08, 2005 Secretary of State

Entity Name: WOMEN IN MUSIC - AYO INC. **Current Principal Place of Business: New Principal Place of Business:** 8625 SOUTHAMPTON DRIVE MIRAMAR, FL 33025 **Current Mailing Address: New Mailing Address:** 8625 SOUTHAMPTON DRIVE MIRAMAR, FL 33025 FFI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MURDOCK, ROBERT 150 NE 192ND STREET MIAMI, FL 33179 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BROOKS, S. ETTOSI MISS Name: Name: Address: 8625 SOUTHAMPTON DRIVE Address: City-St-Zip: MIRAMAR, FL 33025 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: OGARRO, DAYNIA MISS Name: Address: 741 SW 6TH STREET Address: HALLANDALE, FL 33008 US City-St-Zip: City-St-Zip: Title: DIR () Delete Title: () Change () Addition MURDOCK, ROBERT Name: Name: 150 NE 192ND STREET Address: Address: City-St-Zip: MIAMI, FL 33179 US City-St-Zip: Title: DIR () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

Ρ SIGNATURE: S. ETTOSI BROOKS 09/08/2005