

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2007 8:00 am
Secretary of State

08-02-2007 90011 012 ****61.25

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1. Entity Name

TROJAN MUSIC BOOSTERS CORPORATION



Principal Place of Business

6870 MIAMI LAKES DR.
MIAMI LAKES FL 33014

Mailing Address

6870 MIAMI LAKES DR.
MIAMI LAKES FL 33014



2. Principal Place of Business No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/07)

4. FEI Number

20-3560306

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

BARON, BARBARA H MRS
6870 MIAMI LAKES DR.
MIAMI LAKES FL 33014

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: *Barbara H. Baron* *Barbara H. Baron* *7/17/07*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 5, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 P
NAME BARON, BARBARA H MRS
STREET ADDRESS 6870 MIAMI LAKES DR.
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE T
NAME HERD, CHERYL
STREET ADDRESS 540 CURTISS DR.
CITY-ST-ZIP OPA-LOCKA FL 33054

TITLE D
NAME MARTINEZ, JACQUE
STREET ADDRESS 1558 W. 77TH ST.
CITY-ST-ZIP HIALEAH FL 33014

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME OMAR MELENDEZ
STREET ADDRESS 6541 W. 14 AVE.
CITY-ST-ZIP HIALEAH FL 33012

TITLE D
NAME LUISA MELENDEZ
STREET ADDRESS 6541 W. 14 AVE.
CITY-ST-ZIP HIALEAH FL 33012

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Barbara H. Baron* *Barbara H. Baron* *7/30/07* *305-821-9411*