


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90037 037 ***158.75

DOCUMENT # P00000003727

1. Entity Name
WALNUT MUSIC, INC.



Principal Place of Business Mailing Address
1301 NE MIAMI GARDENS AVE - APT. 1515 **1301 NE MIAMI GARDENS AVE - APT. 1515**
NORTH MIAMI BEACH, FL 33179 **NORTH MIAMI BEACH, FL 33179**

40052088



2. Principal Place of Business - No P.O. Box #
955 NE 170th Street

3. Mailing Address
955 NE 170th Street

Suite, Apt. #, etc.
Apt. 224

Suite, Apt. #, etc.
Apt. 224

City & State
Miami, FL

City & State
Miami, FL

Zip Country Zip Country
33162 **33162** **33162** **33162**

03262007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

MUSSEMBAUM, SONIA
1301 NE MIAMI GARDENS DRIVE
APT 1515
MIAMI, FL 33179

7. Name and Address of New Registered Agent

Name
Sergio Nussembaum

Street Address (P.O. Box Number is Not Acceptable)
955 NE 170th Street, Apt. 224

City State Zip Code
Miami FL 33162

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]* **PRESIDENT** DATE: **3/26/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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	PSTD NUSSENBAUM, SONIA 1301 NE MIAMI GARDENS AVE - APT. 1515 NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NUSSENBAUM, SERGIO 1301 NE MIAMI GARDENS AVE - APT. 1515 NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Sonia Nussembaum 1301 NE Miami Gardens Avenue, Apt. 1515 North Miami Beach, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Sergio Nussembaum 955 NE 170th Street, Apt. 224 Miami, FL 33162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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: *[Signature]* **PRESIDENT** DATE: **3/26/07** Daytime Phone #: **786 2174368**

Signature, typed or printed name of signing officer or director