

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000021285	
1. Entity Name BEMUSA MUSIC PUBLISHING, INC.	

Principal Place of Business 1409 GRANADA BLVD. CORAL GABLES, FL 33134	Mailing Address 1409 GRANADA BLVD. CORAL GABLES, FL 33134
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U00000374150
07/22/05-80010-006 150.00



07192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FBI Number 65-1051918	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PINO, BETTY
1409 GRANADA BLVD.
CORAL GABLES, FL 33134**

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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 *Betty Pino* (NOTE: Registered agent's signature required when relinquishing)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE	☐
NAME	PINO, BETTY
STREET ADDRESS	1409 GRANADA BLVD.
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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: *Betty Pino*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Telephone # _____