


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90296 004 ***150.00

DOCUMENT # P00000071940 1. Entity Name SHANGAI MUSIC, INC.																													
Principal Place of Business 2843 NW 2 AVE MIAMI FL 33127			Mailing Address 2843 NW 2 AVE MIAMI FL 33127																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number 65-1029117 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent DANINO, ANGELA Z 2098 NE 181 STREET NORTH MIAMI BEACH FL 33141																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>AYALA, VALENTIN V</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2843 NW 2 AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33127</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	AYALA, VALENTIN V		STREET ADDRESS	2843 NW 2 AVE		CITY-ST-ZIP	MIAMI FL 33127		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Y</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>DANINO, ANGELA Z</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2098 NE 181 ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NORTH MIAMI BEACH FL 33162</td> <td></td> </tr> </table>			TITLE	Y	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	DANINO, ANGELA Z		STREET ADDRESS	2098 NE 181 ST.		CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Valt. Valt.
4/26/04 305-573-353

Date

Daytime Phone #