

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90025 047 \*\*\*150.00

<b>DOCUMENT # P00000073456</b>					
<b>1. Entity Name</b> EFFECTIVE MUSICAL PRODUCTIONS, INC.					
<b>Principal Place of Business</b> 14342 SOUTHWEST 163RD STREET MIAMI, FL 33177-1812			<b>Mailing Address</b> 14342 SOUTHWEST 163RD STREET MIAMI, FL 33177-1812		
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State  Zip      Country			<b>3. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip      Country		
<b>4. FEI Number</b> 65-1038630			<b>Applied For</b> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>			<b>\$8.75 Additional Fee Required:</b>		
<b>6. Name and Address of Current Registered Agent</b>  RIEGLER, JAMES 9002 SOUTHWEST 152ND STREET MIAMI, FL 33157-1928			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SUAREZ, ERNESTO 14342 SOUTHWEST 163RD STREET MIAMI, FL 33177-1812	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SUAREZ, MIRLA 14342 SW 163RD STREET MIAMI, FL 33177-1812	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> _____ (Signature and typed or printed name of signing officer or director)      Date _____      Daytime Phone # _____					

**54034104**



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