


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000080188		
1. Entity Name THE MIGRANT MUSIC COMPANY INC.		
Principal Place of Business 5555 COLLINS AVENUE, SUITE 4U MIAMI BEACH, FL 33140		Mailing Address 5555 COLLINS AVENUE, SUITE 4U MIAMI BEACH, FL 33140
DO NOT WRITE IN THIS SPACE		
		01182006 No Chg-P CR2E034 (11/05)
4. FEI Number 65-1035242		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
GONZALEZ, FERNANDO 5555 COLLINS AVENUE, SUITE 4U MIAMI BEACH, FL 33140		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		1100000408103 02/08/06-80047-006 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, FERNANDO 5555 COLLINS AVENUE, SUITE 4U MIAMI BEACH, FL 33140	
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DO NOT WRITE IN THIS SPACE		
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: <u>Fernando Gonzalez</u> FERNANDO GONZALEZ 24/JAN/06 305 868-3693		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		