


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

| | | |
|---------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # P00000082397 | |  |
| 1. Entity Name EXOTIC SOUNDS, INC. | | |

| | |
|--------------------------------------------------------------------------|--------------------------------------------------------------|
| Principal Place of Business 18861 S. DIXIE HIGHWAY MIAMI, FL 33157 | Mailing Address 18861 S. DIXIE HIGHWAY MIAMI, FL 33157 |
|--------------------------------------------------------------------------|--------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE



01262006 No Chg-P CR2E034 (11/05)

| | |
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| 4. FEI Number 65-1069720 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent ASSEO, ALBERTO 18861 S. DIXIE HIGHWAY MIAMI, FL 33157 |
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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, typed or printed name of registered agent and title if applicable (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. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|--------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPST ASSEO, ALBERTO P.O. BOX 971387 MIAMI, FL 33197 |
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02/13/06-80079-009 150.00

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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: Alberto Asseo **Alberto Asseo** 01/24/06 255-3969 (305)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #