


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000083167	
1. Entity Name VICTORIA'S MUSIC GARDEN, INC.	

Principal Place of Business 469 N PINE ISLAND ROAD APT B203 PLANTATION, FL 33324	Mailing Address 469 N PINE ISLAND ROAD APT B203 PLANTATION, FL 33324
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DO NOT WRITE IN THIS SPACE

02262005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1046093	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WEBSTER, VICTORIA C
469 N PINE ISLAND ROAD APT B203
PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBSTER, VICTORIA C 469 N PINE ISLAND ROAD APT B203 PLANTATION, FL 33324
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03/09/05-80053-008 158.75

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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: Victoria C. Webster president 2/28/5 954-472-0592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #