

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90231 035 ***150.00

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1. Entity Name
SUGAR SOUNDS, INC.



Principal Place of Business

1130 11TH ST. 6900 Bay Dr.
#7C # PH B
MIAMI, FL 33139 Miami Beach, FL 33141

Mailing Address

1130 11TH ST. 6900 Bay Dr.
#7C # PH B
MIAMI, FL 33139 Miami Beach, FL 33141



02252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1045914
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEOLI, NICHOLAS L
1130-11 ST
#7C
MIAMI BEACH, FL 33139

Meoli, Gennaro
6900 Bay Dr.
PH B
Miami Beach, FL 33141

**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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

Gennaro Meoli, Director

4/20/04
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	MEOLI, NICHOLAS L 1130-11 ST #7C MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEOLI, GENNARO 1130-11TH STREET #7C MIAMI BEACH, FL 33139 6900 Bay Dr. # PH B Miami Beach, FL 33141
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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 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Gennaro Meoli, Director

4/20/04 542-2351
Date Daytime Phone #