

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2006 8:00 am
Secretary of State

09-12-2006 90008 020 ***150.00

DOCUMENT # P01000048642 1. Entity Name LATIN MUSIC XTRA, INC.					
Principal Place of Business 729 S SEMORAN BLVD ORLANDO, FL 32807			Mailing Address 729 S SEMORAN BLVD ORLANDO, FL 32807		
2. Principal Place of Business 743 S SEMORAN BLVD		3. Mailing Address 743 S SEMORAN BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ORLANDO, FL 32807		City & State ORLANDO, FL 32807		4. FEI Number 59-3715014	
Zip 32807		Country ORANGE		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 HERNANDEZ, RAFAEL 2535 S SEMORAN BLVD 1633 ORLANDO, FL 32822			7. Name and Address of New Registered Agent Name: HERNANDEZ, RAFAEL Street Address (P.O. Box Number is Not Acceptable): 8326 CASCADE OAK DR City: ORLANDO FL Zip Code: 32822		
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: <u>Rafael H.</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, RAFAEL 2535 S SEMORAN BLVD #1633 ORLANDO, FL 32822	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, RAFAEL 8326 CASCADE OAK DR. ORLANDO, FL 32822	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, RAFAEL 8326 CASCADE OAK DR. ORLANDO, FL 32822	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, RAFAEL 8326 CASCADE OAK DR. ORLANDO, FL 32822	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, RAFAEL 8326 CASCADE OAK DR. ORLANDO, FL 32822	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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>Rafael H.</u> <u>RAFAEL HERNANDEZ</u> 9/8/06 407-382-3888 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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