

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90413 050 ***150.00

DOCUMENT # P01000059631

1. Entity Name
MR. SOUND, CORP.



Principal Place of Business
3140 W. 84 ST.
UNIT #7
HIALEAH, FL 33018

Mailing Address
3140 W. 84 ST.
UNIT #7
HIALEAH, FL 33018

2. Principal Place of Business
8000 W 24 Ave
Suite, Apt. #, etc.
Unit #6

3. Mailing Address
8000 W 24 Ave
Suite, Apt. #, etc.
Unit #6

04292004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1113414
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State
Hialeah FL
Zip
33016
Country

City & State
Hialeah FL
Zip
33016
Country

6. Name and Address of Current Registered Agent

VARGAS, DEVIS
12901 NW 1ST APT. #211
HIALEAH, FL 33018

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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, 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
PD
VARGAS, DEVIS
12901 NW 1ST. APT. #211
SUNRISE, FL 33325 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #