

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000059631

1. Entity Name  
MR. SOUND, CORP.



Principal Place of Business  
8000 W 24 AVE  
UNIT # 6  
HIALEAH, FL 33016

Mailing Address  
8000 W 24 AVE  
UNIT # 6  
HIALEAH, FL 33016

**DO NOT WRITE IN THIS SPACE**

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04272005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1113414

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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, 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, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME VARGAS, DEVIS  
STREET ADDRESS 12901 NW 1ST. APT. #211  
CITY-ST-ZIP SUNRISE, FL 33325

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

1100000347684  
04/30/05-80125-015 150.00

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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)(f), 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

04/27/05

Date

Daytime Phone #