FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90175 033 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000059631

1. Entity Name
MR. SOUND, CORP.

Principal Place of Business	Mailing Address
715 SW 148 AVE 602 SUNRISE, FL 33325	715 SW 148 AVE 602 SUNRISE, FL 33325

2. Principal Place of Business	3. Mailing Address
3140 W 84 ST	3140 W 84 ST
Suite, Apt. #, etc. UNIT #7	Suite, Apt. #, etc. UNIT #7
City & State HIALEAH FL	City & State HIALEAH, FL.
Zip 33018 Country	Zip 33018 Country

☐ CHECK HERE IF MAKING CHANGES

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
715 SW 148 AVE 602
SUNRISE, FL 33325

7. Name and Address of New Registered Agent

Name VARGAS DEVIS.
Street Address (P.O. Box Number is Not Acceptable) 12901 NW 1ST APT#211
City PEMBROKE PINES FL Zip Code 33028

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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VARGAS, DEVIS 715 SW 148 AVE 602 SUNRISE, FL 33325	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VARGAS DEVIS. 12901 NW 1ST APT # 211 PEMBROKE PINES, FL 33028	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: ______ 04/12/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #