

2008

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90009 028 ***150.00

DOCUMENT # P01000063483			
1. Entity Name Manny Kuts & Music Corp.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 2290 N.W. 28th St. Suite, Apt. #, etc. Suite A City & State Miami, FL Zip 33142-5900 Country USA		3. Mailing Address 2290 N.W. 28th St. Suite, Apt. #, etc. Suite A City & State Miami, FL Zip 33142-5900 Country USA	
		DO NOT WRITE IN THIS SPACE	
		4. FEI Number 65-1115970	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
Name Mendez, Alice S.			
Street Address (P.O. Box Number is Not Acceptable) 890 N.E. 164th St.			
City North Miami Beach			
State FL			
Zip Code 33162			
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			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$650.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Mendez, Placido 890 N.E. 164th St. North Miami Beach, FL 33162	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S/T Mendez, Alice S. 890 N.E. 164th St. North Miami Beach, FL 33162	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Alice S. Mendez</i>		Alice S. Mendez <i>04/23/08</i> ⁶³⁷⁻⁰⁰⁸⁹ 305-638-2306	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>FAT</i> Daytime Phone #	

CR2E034B (12/02)