FILED
Apr 26, 2006 8:00 am
Secretary of State
04-26-2006 90213 019 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000068944

1. Entity Name
SERENADE MUSIC INSTITUTE, INC.

400064200

Principal Place of Business	Mailing Address
1576 NE 205 TERR MIAMI, FL 33179	PO BOX 694112 MIAMI, FL 33269

04212006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
1576 NE 205th Terr		1576 NE 205th Terrace	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State: Miami, Fl		City & State: Miami, Florida	
Zip: 33179	Country: Miami-Dade	Zip: 33179	Country: Miami-Dade

4. FEI Number: 65-1119996 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRANCISQUE, ULGUITHE G
19499 NE 10TH AVE
APT # 116
MIAMI, FL 33179

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 1576 NE 205th Terrace
City: Miami FL Zip Code: 33179

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, 2006 Fee will be $550.00

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 10		
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	FRANCISQUE, ULGUITHE		NAME		
STREET ADDRESS	19499 NE 10TH AVE # 116		STREET ADDRESS	1576 NE 205th Terrace	
CITY-ST-ZIP	MIAMI, FL 33179		CITY-ST-ZIP	Miami Fl 33179	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 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: Ulguithe Francisque ULGUITHE FRANCISQUE PRESIDENT 4/21/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #