


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 20, 2004 8:00 am**  
**Secretary of State**

09-20-2004 90004 010 \*\*\*550.00

<b>DOCUMENT # P01000075316</b> 1. Entity Name <b>BONGOS MUSIC, INC.</b>					
Principal Place of Business 12284 SW 27 ST MIAMI, FL 33165			Mailing Address 12284 SW 27 ST MIAMI, FL 33165		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>3529 SW 112 PL.</b> Suite, Apt. #, etc.			
City & State Zip		City & State <b>MIAMI FL</b> Zip <b>33165</b>		4. FEI Number <b>65-1118889</b>	
Country		Country <b>MIAMI-DADE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ECHEVARRIA, JORGE</b> <b>12284 SW 27 ST</b> <b>MIAMI, FL 33165</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when nonstating) _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AQUINO, LUIS <input checked="" type="checkbox"/> Delete 10480 NW 18 PLACE PLANTATION, FL 33322		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>FERNANDEZ RICARDO</b> <b>16046 SW 66 TERR.</b> <b>MIAMI FL 33193</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Delete <b>ECHEVARRIA, JORGE</b> <b>12284 SW 27 ST</b> <b>MIAMI, FL 33175</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ECHEVARRIA, JORGE</b> <b>12284 SW 27 ST.</b> <b>MIAMI, FL 33175</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 <b>JORGE ECHEVARRIA</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			(PRESIDENT) 9/17/04 305-559-6498 <small>Date Daytime Phone #</small>		

**54073291**



09172004 Chg-P CR2E034 (10/03)