

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000076566

1. Entity Name  
LAS MUSAS, INC.



Principal Place of Business  
257 MIRACLE MILE  
CORAL GABLES, FL 33134

Mailing Address  
257 MIRACLE MILE  
CORAL GABLES, FL 33134

**FILED**

04 JUL 12 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07092004 No Chg-P CR2E034 (10/03)

*miz*

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1133681

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

GALLEGO, INGRID  
257 MIRACLE MILE  
CORAL GABLES, FL 33134

**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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALLEGO, INGRID 257 MIRACLE MILE CORAL GABLES, FL 33134
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000039533870  
07/26/04--01063--022 \*\*450.00

**DO NOT WRITE  
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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*7/8/04*