


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90027 005 ***150.00

DOCUMENT # P01000078493	
1. Entity Name MUSIC TRAVELS INTERNATIONAL, INC.	

Principal Place of Business 880 CEDARCREST COURT SARASOTA FL 34232	Mailing Address 880 CEDARCREST COURT SARASOTA FL 34232
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-1130357	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent OLIVERA, LIEVE J 880 CEDARCREST COURT SARASOTA FL 34232

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7412 MONTE VERDE SARASOTA City FL Zip Code 34238
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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's signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 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
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 affidavit which so empowers me.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	LIEVE OLIVERA 3/24/08 Date	Digitize Form #
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