2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90432 006 ***150.00

DOCUMENT # P01000082214

1. Entity Name
PILOTO MUSIC PUBLISHER, CORP.

Principal Place of Business	Mailing Address
~~12500 SW 22 TERR~~	~~12500 SW 22 TERR~~
~~MIAMI, FL 33175~~	~~MIAMI, FL 33175~~

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1201 CORAL WAY	1201 CORAL WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL GABLES, FL	City & State: CORAL GABLES, FL
Zip: 33134 / Country: U.S.A.	Zip: 33134 / Country:

4. FEI Number 65-1130987 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GAVIRIA, JORGE 9769 S DIXIE HWY NO 101 MIAMI, FL 33156	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____
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, 2004 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 11	
TITLE	D ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	PILOTO, JORGE LUIS	NAME	
STREET ADDRESS	~~12500 SW 22 TERR~~	STREET ADDRESS	1201 CORAL WAY
CITY-ST-ZIP	~~MIAMI, FL 33175~~	CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134
TITLE	D ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	GUZMAN, ZORAIDA M	NAME	
STREET ADDRESS	~~12500 SW 22 TERR~~	STREET ADDRESS	1201 CORAL WAY
CITY-ST-ZIP	~~MIAMI, FL 33175~~	CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ 04/27/04 (305) 445-5909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #