


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000082214</b> 1. Entity Name <b>PILOTO MUSIC PUBLISHER, CORP.</b>																									
Principal Place of Business <b>1201 CORAL WAY CORAL GABLES FL 33134 US</b>		Mailing Address <b>1201 CORAL WAY CORAL GABLES FL 33134 US</b>																							
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																							
City & State		City & State																							
Zip		Zip																							
Country		Country																							
4. FEI Number <b>65-1130987</b>		Applied For <input type="checkbox"/> Not Applicable																							
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																							
6. Name and Address of Current Registered Agent  <b>GAVIRIA, JORGE 9769 S DIXIE HWY NO 101 MIAMI FL 33156</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																							
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.		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																							
SIGNATURE _____ <small>Signature typed or printed name of registered agent in title block above</small>		DATE _____ <small>DATE Registered Agent signature required when completing</small>																							
<b>FILE NOW!!!; FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS																							
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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 address, with all other like empowered.

**SIGNATURE:**  **ZORAIDA M. GUZMAN** 02/20/08 305-445-5909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR