
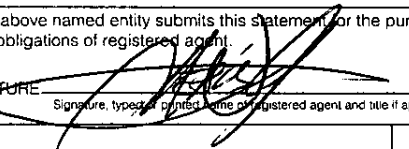
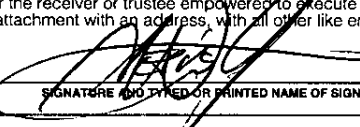


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90006 002 \*\*\*150.00

<b>DOCUMENT # P01000098192</b> 1. Entity Name <b>JAM'S MUSIC PRODUCTION, INC.</b>																																																					
Principal Place of Business <b>5824 W. 16 LANE</b> <b>HIALEAH, FL 33012</b>		Mailing Address <b>1679 W 59 ST</b> <b>HIALEAH, FL 33012</b>																																																			
2. Principal Place of Business <b>1570 W 78 Terr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1570 W 78 Terr</b> Suite, Apt. #, etc.																																																			
City & State <b>Hialeah FL</b> Zip <b>33014</b>		City & State <b>Hialeah FL</b> Zip <b>33014</b>		4. FEI Number <b>65-1145316</b>																																																	
Country <b>USA</b>		Country <b>USA</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>GARCIA, JESUS</b> <b>1679 W 59 ST</b> <b>HIALEAH, FL 33012</b>			7. Name and Address of New Registered Agent Name <b>Jesus Garcia</b> Street Address (P.O. Box Number is Not Acceptable) <b>1570 W 78 Terr</b> City <b>Hialeah</b> <b>FL</b> Zip Code <b>33014</b>																																																		
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:  DATE: <b>3/20/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> <b>PS GARCIA, JESUS</b>  <b>5824 W. 16 LANE</b>  <b>HIALEAH, FL 33012</b> </td> <td style="width:30%; text-align: right;"> <input checked="" type="checkbox"/> Delete         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS GARCIA, JESUS</b> <b>5824 W. 16 LANE</b> <b>HIALEAH, FL 33012</b>	<input checked="" type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:40%;"> <b>PS Garcia, Jesus</b>  <b>1570 W 78 Terr</b>  <b>Hialeah FL 33014</b> </td> <td style="width:30%; text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS Garcia, Jesus</b> <b>1570 W 78 Terr</b> <b>Hialeah FL 33014</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS GARCIA, JESUS</b> <b>5824 W. 16 LANE</b> <b>HIALEAH, FL 33012</b>	<input checked="" type="checkbox"/> Delete																																																			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS Garcia, Jesus</b> <b>1570 W 78 Terr</b> <b>Hialeah FL 33014</b>	<input checked="" 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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <b>3/20/04</b> Daytime Phone #: <b>(305) 490-3049</b>																																																	