2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOCUMENT # P01000103013

1. Entity Name

MUSIC IN YOUR HANDS PRODUCTIONS, INC.



Mailing Address

9654 SW 99TH ST. MIAMI, FL 33176

Principal Place of Business

9654 SW 99TH ST. MIAMI, FL 33176

FILED Feb 02, 2004 08:00 AM Secretary of State



01122004

No Cha-P

CR2E034 (10/03)

4, FEI Number 65-1147522 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daylime Phone #

OCHOA, JOSEFINA R 9654 SW 99TH ST. MIAMI, FL 33176

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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 primed name of registered agent and little if epolicable. (NOTE Registered Agent signature required when reinstating) DAYE					
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.			\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS	·		
trile Name Street address City-SI-ZP	D OCHOA, JOSEFINA R 9654 SW 99TH ST MIAMI, FL 33176			U00000029433 02/04/04-80063-019 158.75	
TIPLE NAME STREET ADDRESS CRY+ST-ZIP	O CALLE, VICENTE E 9654 SW 99TH ST MIAMI, FL 33176			02/04/04-80063-019 158.75	
Title Name Street Address City-St-Zip			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CRY-ST-ZIP					
TITLE		-			
NAME					
STREET ADDRESS					
CITY -ST - ZIP				<u> </u>	
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 affect 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.					

OE ICER OF DIFFECTOR