


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000117667	
1. Entity Name ACOUSTIC PROJECTS, INC.	

FILED
04 MAY -3 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3001 SW 28 LANE, SUITE 6 MIAMI, FL 33134	Mailing Address 3001 SW 28 LANE, SUITE 6 MIAMI, FL 33134
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04292004 Chg-P CR2E034 (10/03)

4. FEI Number 80-0023507	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CANAS, IVAN 3001 SW 28 LANE, SUITE 6 MIAMI, FL 33134	7. Name and Address of New Registered Agent Name <u>Alba Borrego</u> Street Address (P.O. Box Number is Not Acceptable) <u>3001 SW 28 LANE SUITE 6</u> <u>MIAMI FL 33134</u> City <u>Miami</u> FL Zip Code <u>33134</u>
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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 <u>X Alba Borrego</u> Signature, typed or printed name of registered agent and title if applicable.	DATE <u>4/28/04</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORA, MARIO H 3001 SW 28 LANE STE 3 MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT TRESCHZANSKI, ALEJANDRO 3001 SW 28 LANE STE 3 MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRESCHZANSKI, V-P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ALEJANDRO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100036057471 05/11/04--01047--008 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <u>X Alba Borrego</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>4/28/04</u> 305644-9977 Daytime Phone #