## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## May 05, 2005 8:00 am Secretary of State **DOCUMENT # P02000003809** 05-05-2005 90091 013 \*\*\*150.00 THE BEAT ENTERTAINMENT, INC. Mailing Address Principal Place of Business 15751 SHERIDAN STREET 15751 SHERIDAN STREET SUITE 201 SUITE 201 FT. LAUDERDALE, FL 33331 FT. LAUDERDALE, FL 33331 2. Principal Place of Business 3. Mailing Address SHERIDAN STREET 15751 SHERIDAN ST 5751 Suite, Apt. #, etc. # 201 Suite, Apt. #, etc. CR2E034 (10/03) 05012005 Chg-P # 201 Applied For City & State City & State 4. FEI Number LAUDERDALE LAUDERDALE, FI 75-2980590 Not Applicable FT. Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П AZU 331 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARCIA, CARLOS E Street Address (P.O. Box Number is Not Acceptable) 4995 NW 72 AVE #206 MIAMI, FL 33166 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607,193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 7, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. CEO ☐ Change Addition TITLE TITLE Delete LOPEZ, MARIA CELIS, GUSTAVO NAME NAME 33 70 NE 190 ST. #1806 16424 NW 15 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33028 CITY-ST-ZIP FL 33180 AVENTURA ☐ Change Addition Delete MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P Addition Delete m F ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITI F TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete 11111 E ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition 1III F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 ment with an address, with all other like empowered.

SIGNATURE