


04-21-2003 91182 035 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

55038512

DOCUMENT # P02000026831

1. Entity Name
WORLD SOUND STEREO OF MIAMI, INC.



Principal Place of Business: **8361 S.W. 34TH TERRACE MIAMI, FL 33155**

Mailing Address: **8361 S.W. 34TH TERRACE MIAMI, FL 33155**

2. Principal Place of Business: _____

3. Mailing Address: _____

Suite/Apt. #, etc.: _____

City & State: _____

Zip: _____ Country: _____



CHECK HERE IF MAKING CHANGES

4. FEI Number: **65-0947069** Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AROCHA, CARLOS
8361 S.W. 34TH TERRACE
MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name: **SAME AS ABOVE**

Street Address (P.O. Box Number is Not Acceptable): _____

City: **FL** Zip Code: _____

I, the above named entity, submit 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, the registered agent.

SIGNATURE: *Carlos Arocha* DATE: **4-8-03**

SEND WITH FEES \$150.00
 APRIL MAY 2003 FEE WILL BE \$560.00
 Make check payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PRESIDENT	<input type="checkbox"/> Delete
NAME: CARLOS AROCHA	
STREET ADDRESS: 8361 SW 34TH MIAMI 33155	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 507, 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: *Carlos Arocha* DATE: **4-8-03** 305-553-6188

CRP/ECSA (10/02)