FILED
Jun 05, 2003 8:00 am
Secretary of State
04-28-2003 90980 001 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000031526

1. Entity Name

MUSICA Y ESPIRITU GROUP ENTERTAINMENT INC

DO NOT WRITE IN THIS SPACE

55046832

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2. Principal Place of Business	3. Mailing Address
3730 Alcantara Ave	8758 SW 8 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33178 Country: USA	Zip: 33174 Country: USA

4. FEI Number: 02-0568219 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City FL 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.

SIGNATURE [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD ☑	TITLE	PTSD ☐ ☑
NAME	DANIA HERNANDEZ	NAME	ALFREDO A CARASA
STREET ADDRESS	3562 Estepona Avenue	STREET ADDRESS	3730 Alcantara Avenue
CITY-ST-ZIP	Miami FL 33178	CITY-ST-ZIP	Miami FL 33178
TITLE	TS ☑	TITLE	
NAME	XIOMARA SALOMON	NAME	
STREET ADDRESS	3562 Estepona Avenue	STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33178	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #