

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90036 030 \*\*\*150.00

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1st MOORE CR2E034 (10/04)

<b>DOCUMENT # P02000049059</b> 1. Entity Name <b>CD SOUNDS INC.</b>					
Principal Place of Business <b>2913 S. ST. RD #7 HOLLYWOOD FL 33023</b>			Mailing Address <b>2913 S. ST. RD #7 HOLLYWOOD FL 33023</b>		
2. Principal Place of Business <b>2913 S ST RD #7</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>HOLLYWOOD</b>		City & State		4. FEI Number <b>03-0448367</b> <div style="float: right; border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
Zip <b>33023</b> Country <b>BROWARD</b>		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BASAURI, ERLINDA 2913 S. ST. RD #7 HOLLYWOOD FL 33023</b>			7. Name and Address of New Registered Agent Name <b>ERLINDA BASAURI</b> Street Address (P.O. Box Number is Not Acceptable) <b>2913 S. ST. RD #7</b> City <b>HOLLYWOOD</b> <b>FL</b> Zip Code <b>33023</b>		
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><b>SAHE</b></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BASAURI, ERLINDA</b> <input type="checkbox"/> Delete <b>2913 S. ST. RD #7</b> <b>HOLLYWOOD FL 33023</b>		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	
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	
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><b>Basauri's</b></u>   <b>02/07/05</b>   <b>PRESIDENT</b> (954) 963-7143 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date Daytime Phone #</small></span>					