## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P02000078154**

1. Entity Name

CAFÉ RECORDS PRODUCTIONS, INC.

Principal Place of Business

1200 BRICKELL BAY DRIVE

3601

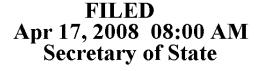
MIAMI, FL 33131

Mailing Address

1200 BRICKELL BAY DRIVE

3601

MIAMI, FL 33131





DO NOT WRITE IN THIS SPACE

04142008 No Chg-P

CR2E034 (11/05)

4. FEI Number 05-0528284

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEZA, JUAN J 1200 BRICKELL BAY DRIVE 3601 MIAMI, FL 33131

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

<ol> <li>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.</li> </ol>						
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature				e required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND DIRECT P MEZA, JUAN J 1200 BRICKELL BAY DRIVE, UNIT # MIAMI, FL 33131			•	U00000903148 04/30/08-80033-025 150.00	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	V MEZA, LISANDRO 1200 BRICKELL BAY DRIVE, UNIT # 3601 MIAMI, FL 33131					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY+ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CHY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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.

E OF SIGNING OFFICER OR DIRECTOR