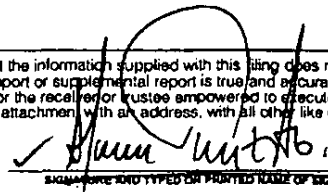
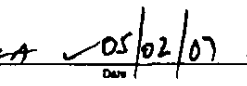


**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

5/7/

05-07-2007 90070 007 \*\*\*\*50.00  
 06-04-2007 90013 050 \*\*\*100.00

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                |                                                                                                                                                                                                      |                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P02000090934</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                |                                                                                                                     |                                                                                                                                                     |
| 1. Entity Name<br><b>SQUARE MUSIC, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                |                                                                                                                                                                                                      |                                                                                                                                                     |
| Principal Place of Business<br><b>14035 SW 83RD COURT<br/>MIAMI, FL 33158</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                | Mailing Address<br><b>14035 SW 83RD COURT<br/>MIAMI, FL 33158</b>                                                                                                                                    |                                                                                                                                                     |
| 2. Principal Place of Business - No P.O. Box #<br><b>255 HARBOR DRIVE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                | 3. Mailing Address<br><b>255 HARBOR DRIVE</b>                                                                                                                                                        |                                                                                                                                                     |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                | Suite, Apt. #, etc.                                                                                                                                                                                  |                                                                                                                                                     |
| City & State<br><b>KEY BISCAYNE FL.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                | City & State<br><b>KEY BISCAYNE FL.</b>                                                                                                                                                              |                                                                                                                                                     |
| Zip<br><b>33149-1232</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Country<br><b>US</b>                                                                           | Zip<br><b>33149-1232</b>                                                                                                                                                                             | Country<br><b>US</b>                                                                                                                                |
| 4. FEI Number<br><b>16-1623699</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                               |                                                                                                                                                     |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                | \$8.75 Additional Fee Required                                                                                                                                                                       |                                                                                                                                                     |
| 6. Name and Address of Current Registered Agent<br><b>PLAZA, ALBERTO<br/>14035 SW 83RD COURT<br/>MIAMI, FL 33158</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>255 HARBOR DRIVE</b><br>City<br><b>KEY BISCAYNE FL</b> Zip Code<br><b>33149-1232</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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                |                                                                                                                                                                                                      |                                                                                                                                                     |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                         |                                                                                                                                                     |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                |                                                                                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DP<br>PLAZA, ALBERTO<br>14035 SW 83RD COURT<br>MIAMI, FL 33158 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                   | DP<br>PLAZA, ALBERTO<br>255 HARBOR DRIVE<br>KEY BISCAYNE FL 33149-1232 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |                                                                                                |                                                                                                                                                                                                      |                                                                                                                                                     |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                | ALBERTO PLAZA  05/02/07 305-9268043                                                                              |                                                                                                                                                     |
| SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                | Date Daytime Phone #                                                                                                                                                                                 |                                                                                                                                                     |