

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000107453**

1. Entity Name  
**SOUND STORE CORPORATION**



Principal Place of Business  
**C/O 407 LINCOLN RD STE 11-L  
MIAMI BCH, FL 33139**

Mailing Address  
**C/O 407 LINCOLN RD STE 11-L  
MIAMI BCH, FL 33139**

**DO NOT WRITE IN THIS SPACE**



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**52-2386381**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ODELLA, NELSON  
407 LINCOLN RD 11-L  
MIAMI BCH, FL 33139**

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IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DPT
NAME	ACUNA, HERALDO
STREET ADDRESS	C/O 407 LINCOLN RD STE 11-L
CITY - ST - ZIP	MIAMI BCH, FL 33139
TITLE	DS
NAME	ALONSO, VERONICA
STREET ADDRESS	C/O 407 LINCOLN RD STE 11-L
CITY - ST - ZIP	MIAMI BCH, FL 33139
TITLE	D
NAME	GARDIOL, IGNACIO
STREET ADDRESS	C/O 407 LINCOLN RD STE 11-L
CITY - ST - ZIP	MIAMI BCH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000106434  
U4/U8/U4-80016-005 150.00

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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #