

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000111859

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: FORCADA MUSIC ENTERTAINMENT, INC.

## Current Principal Place of Business:

1800 SANS SOUCI BLVD  
# 320  
MIAMI, FL 33181

## New Principal Place of Business:

11855 NE 19TH DR  
12  
NORTH MIAMI, FL 33181

## Current Mailing Address:

1800 SANS SOUCI BLVD  
#320  
MIAMI, FL 33181

## New Mailing Address:

11855 NE 19TH DR  
12  
NORTH MIAMI, FL 33181

FEI Number: 51-0431818

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DE NICOLA, LUCIA  
1800 SANS SOUCI BLVD  
#320  
MIAMI, FL 33181 US

## Name and Address of New Registered Agent:

DE NICOLA, LUCIA  
11855 NE 19TH DR  
12  
NORTH MIAMI, FL 33181 US

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: LUCIA DE NICOLA

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DE NICOLA, LUCIA  
Address: 1800 SANS SOUCI BLVD #320  
City-St-Zip: MIAMI, FL 33181

Title: VD ( ) Delete  
Name: GARCIA, LEANDRO M  
Address: 1800 SANDS SOUCI BLVD #320  
City-St-Zip: MIAMI, FL 33181

Title: SD ( ) Delete  
Name: AMENEDO, SABRINA P  
Address: 1800 SANS SOUCI BLVD # 320  
City-St-Zip: MIAMI, FL 33181

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DE NICOLA, LUCIA  
Address: 11855 NE 19TH DR #12  
City-St-Zip: NORTH MIAMI, FL 33181

Title: VD (X) Change ( ) Addition  
Name: GARCIA, LEANDRO M  
Address: 11855 NE 19TH DR #12  
City-St-Zip: NORTH MIAMI, FL 33181

Title: SD (X) Change ( ) Addition  
Name: AMENEDO, SABRINA P  
Address: 11855 NE 19TH DR #12  
City-St-Zip: NORTH MIAMI, FL 33181

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCIA DE NICOLA

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date