


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000116700**  
 1. Entity Name  
**CAPAS MUSICAL PRODUCTIONS, INC.**



Principal Place of Business      Mailing Address  
**5821 WEST 16TH LANE**      **5821 WEST 16TH LANE**  
**SUITE #1**      **SUITE #1**  
**HIALEAH, FL 33012**      **HIALEAH, FL 33012**



05032004      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**06-1660086**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**PARDO, CARLOS A**  
**5821 WEST 16TH LANE**  
**SUITE #1**  
**HIALEAH, FL 33012**

**DO NOT WRITE 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: Carlos Pardo      DATE: 05/01/04

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

000000159915  
 05/12/04-80006-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PARDO, CARLOS A
STREET ADDRESS	5821 WEST 16TH LANE APT#1
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	D
NAME	CABAL, PIEDAD
STREET ADDRESS	5821 WEST 16TH LANE APT #1
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Piedad Cabal      Date: 05/01/04      Daytime Phone #: (305) 7100008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #