


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000123533 1. Entity Name SOUND BARTER CORPORATION	
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Principal Place of Business 3100 NW BOCA RATON BLVD STE 404 BOCA RATON, FL 33431	Mailing Address 3100 NW BOCA RATON BLVD STE 404 BOCA RATON, FL 33431
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04172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 71-0914819	Applied For <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

**PAUL, PETER
9211 STERLING DRIVE
MIAMI, FL 33157**

**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 _____

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 NAME STREET ADDRESS CITY-ST-ZIP	CD PEREZ, CLAUDIO M 3100 NW BOCA RATON BLVD STE 404 BOCA RATON, FL 33431
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCE VICKERS, IAN M 3100 NW BOCA RATON BLVD STE 404 BOCA RATON, FL 33431
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDCI KESIC, STEF 3100 NW BOCA RATON BLVD STE 404 BOCA RATON, FL 33431
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD PAUL, PETER 3100 NW BOCA RATON BLVD STE 404 BOCA RATON, FL 33431
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
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 #

CHAIRMAN/DIR

4/12/04 305 694-4040