

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90157 006 ***150.00

DOCUMENT # P02000127345

1. Entity Name
THE FRINGE MUSIC, INC.



Principal Place of Business

**6449 STIRLING ROAD
SUITE 237
DAVIE, FL 33314**

Mailing Address

**6449 STIRLING ROAD 5840 STIRLING ROAD
SUITE 237
DAVIE, FL 33314 33021
Hollywood**

DO NOT WRITE IN THIS SPACE



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1166923

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LIPSON, STUART A ESQ.
16900 NE 19TH AVENUE
NORTH MIAMI BEACH, FL 33162**

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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CASAS, GINA JORGE
STREET ADDRESS	C/O 16900 NE 19TH AVENUE
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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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 #