

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90394 014 ***150.00

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DOCUMENT # P03000003129 1. Entity Name SOL MUSIC RECORD, INC.			
Principal Place of Business 8650 S.W. 149 AVE. #307 MIAMI, FL 33193		Mailing Address 8650 S.W. 149 AVE. #307 MIAMI, FL 33193	
2. Principal Place of Business 2600 S.E. 12 PLACE Suite, Apt. #, etc. 206 City & State Homestead, FL Zip 33035		3. Mailing Address 2600 S.E. 12 PLACE Suite, Apt. #, etc. 206 City & State Homestead, FL Zip 33035	
Country U.S.A.		Country U.S.A.	
4. FEI Number 13-4232731		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 MOLINA, CARLOS E 8650 S.W. 149 AVE. #307 MIAMI, FL 33193		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOLINA, CARLOS E 6941 S.W. 129 AVE., #2 MIAMI, FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ENIKA J. MOLINA 2600 S.E. 12 PLACE #206 Homestead, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:		04/24/06 786-3158101	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	