FILED
Jun 07, 2004 8:00 am
Secretary of State
05-24-2004 90001 050 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000003241

1. Entity Name
QUEEN MUSIC DIVISION INC

[redacted]

Principal Place of Business	Mailing Address
9225 COLLINS AVE. #1412 SURFSIDE, FL 33154 US	9225 COLLINS AVE. #1412 SURFSIDE, FL 33154 US

03182004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 03-0500156 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALBERT P. VEGA , C.P.A., P.A. 2121 PONCE DE LEON BLVD. SUITE: 721 CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) 306 ALCAZAR AVENUE SUITE 302 City CORAL GABLES FL Zip Code 33134

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOMINGUEZ, NORMA PAULA 9225 COLLINS AVE. # 1412 SURFSIDE, FL 33154 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 04-28-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

06482822
#P03000032411

DO NOT USE FOR RECORDERING PURPOSES
Protect Your Duplicate Checks Store your duplicate checks in your Harland check box.

Track your expenses...
☐ Clothing ☐ Food ☐ Transportation
☐ Credit Card ☐ Utilities ☐ Mortgage
☐ Entertainment ☐ Insurance ☐ Other: _____

☐ TAX DEDUCTIBLE ITEM

2303

04-28-04

DEPARTMENT OF STATE

ONE HUNDRED FIFTY EIGHT AND 75/100

$ 158.75

DOC#P03000032411, 200

BALANCE FORWARD
THIS ITEM
BALANCE
DEPOSIT
OTHER
BALANCE FORWARD

For enhanced security, your name and account number do not appear on this copy.

NOT NEGOTIABLE