
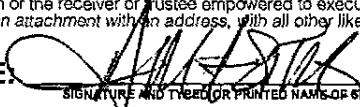


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000006076		
1. Entity Name CARIBE SOUND MUSIC, INC.		
Principal Place of Business 3434 W COLUMBUS DR SUITE 104 TAMPA, FL 33607	Mailing Address 3434 W COLUMBUS DR STE 104 SUITE 104 TAMPA, FL 33607	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MESTRE, JUAN 3434 W COLUMBUS DR SUITE 104 TAMPA, FL 33607		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MESTRE, JUAN 3434 W COLUMBUS DR # 104 TAMPA, FL 33607	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2.6.06 (813) 876-1740 <small>Daytime Phone #</small>



02032006 No Chg-P CR2E034 (11/05)

4. FEI Number **54-2091800** Applied For
Not Applicable

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

U000000426779
02/20/06-80055-025 150.00

**DO NOT WRITE
IN THIS SPACE**