


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000022627**

1. Entity Name  
**LOS FANTASMAS MUSIC ENTERPRISES, INC.**



Principal Place of Business <b>8650 SW 149 AVENUE          #307          MIAMI, FL 33193</b>	Mailing Address <b>8650 SW 149 AVENUE          #307          MIAMI, FL 33193</b>
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04182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>13-4241181</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MOLINA, CARLOS E  
 8650 SW 149 AVENUE  
 SUITE 307  
 MIAMI, FL 33193**

**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]* **04/25/2005**  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD MOLINA, CARLOS E 8650 SW 149 AVENUE #307 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOLINA, FERNANDO 8650 SW 149 AVENUE #307 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEQUEINA, KATIUS E 8650 SW 149 AVENUE #307 MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GONZALEZ, OLGA B 8650 SW 149 AVENUE #307 MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/02/05-80018-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* **04/25/2005**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #