


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90066 037 ***150.00

DOCUMENT # P03000022627

1. Entry Name
LOS FANTASMAS MUSIC ENTERPRISES, INC.



Principal Place of Business
**2600 SE 12TH PLACE
 SUITE 206
 HOMESTEAD, FL 33035**

Mailing Address
**2600 SE 12TH PLACE
 SUITE 206
 HOMESTEAD, FL 33035**

40099138



2. Principal Place of Business - No P.O. Box #
1450 S.E. 18 TERRACE

3. Mailing Address
1450 S.E. 18 TERRACE

Subs. Apt. #, etc.
HOMESTEAD

Subs. Apt. #, etc.
HOMESTEAD

02202007 Chg-P CR2E034 (12/08)

City & State
FLORIDA

City & State
FLORIDA

4. FEI Number
13-4241181

Applied For
 Not Applicable

Zip
33035

Country
USA

Zip
33035

Country
USA

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

8. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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]* DATE

**FILE NOW!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$850.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOLINA, CARLOS E	
STREET ADDRESS	8650 SW 149 AVENUE #307	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MOLINA, FERNANDO	
STREET ADDRESS	8650 SW 149 AVENUE #307	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SEQUEINA, KATIUS E	
STREET ADDRESS	8650 SW 149 AVENUE #307	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	S	<input type="checkbox"/> Delete
NAME	GONZALEZ, OLGA B	
STREET ADDRESS	8650 SW 149 AVENUE #307	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MOLINA, ERIKA J	
STREET ADDRESS	2600 SE 12TH PLACE SUITE 206	
CITY-ST-ZIP	HOMESTEAD, FL 33035	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **03-22-2007** **788-315-8101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date On the Face of