

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000022627

FILED
Oct 18, 2008
Secretary of State

Entity Name: LOS FANTASMAS MUSIC ENTERPRISES, INC.

Current Principal Place of Business:

1480 SE 18 TERR.
HOMESTEAD, FL 33035

New Principal Place of Business:

1450 SE 18 TERR.
HOMESTEAD, FL 33035

Current Mailing Address:

1480 SE 18 TERR.
HOMESTEAD, FL 33035

New Mailing Address:

1450 SE 18 TERR.
HOMESTEAD, FL 33035

FEI Number: 13-4241181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MOLINA, CARLOS E
2733 NE 3RD COURT
SUITE 201
HOMESTEAD, FL 33033 US

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.

SIGNATURE: CARLOS EDUARDO MOLINA GONZALEZ

10/18/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOLINA, CARLOS E
Address: 8650 SW 149 AVENUE #307
City-St-Zip: MIAMI, FL 33186

Title: VP () Delete
Name: SEQUEINA, KATIUS E
Address: 8650 SW 149 AVENUE #307
City-St-Zip: MIAMI, FL 33193

Title: S () Delete
Name: GONZALEZ, OLGA B
Address: 8650 SW 149 AVENUE #307
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOLINA, CARLOS E
Address: 2733 NE 3RD COURT
City-St-Zip: HOMESTEAD, FL 33033

Title: VP (X) Change () Addition
Name: SEQUEIRA, KATIUSKA B
Address: 1450 NE 18 TERRACE
City-St-Zip: HOMESTEAD, FL 33033

Title: S (X) Change () Addition
Name: GONZALEZ, OLGA B
Address: 1450 NE 18 TERRACE
City-St-Zip: HOMESTEAD, FL 33033

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS EDUARDO MOLINA GONZALEZ

P

10/18/2008

Electronic Signature of Signing Officer or Director

Date