
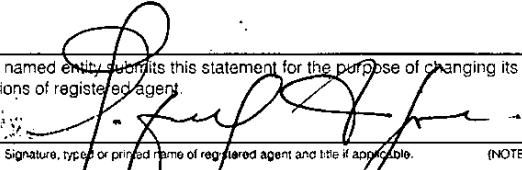
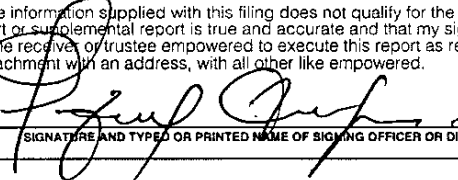


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90320 005 \*\*\*150.00

<b>DOCUMENT # P03000078990</b>					
<b>1. Entity Name</b> CORPAS MUSIC PRODUCTION, INC.					
<b>Principal Place of Business</b> 13820 SW 112TH ST., SUITE 207 MIAMI, FL 33186			<b>Mailing Address</b> 13820 SW 112TH ST., SUITE 207 MIAMI, FL 33186		
<b>2. Principal Place of Business</b> 10201 HAMMOCKS BLVD Suite, Apt. #, etc. SUITE 153 PMB#474 City & State MIAMI FL Zip 33196		<b>3. Mailing Address</b> 10201 HAMMOCKS BLVD Suite, Apt. #, etc. SUITE 153 PMB #474 City & State MIAMI FL Zip 33196			
04182005      Chg-P      CR2E034 (10/03)		<b>4. FEI Number</b> 03-0527823			
Applied For Not Applicable		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> CORPAS, MIGUEL A 13081 SW 133RD CT. MIAMI, FL 33186			<b>7. Name and Address of New Registered Agent</b> Name CORPAS MIGUEL A. Street Address (P.O. Box Number is Not Acceptable) 10201 HAMMOCKS BLVD SUITE 153 PMB#474 City MIAMI FL      Zip Code 33196		
<b>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.</b> SIGNATURE:  DATE: 04/18/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORPAS, MIGUEL A 13820 SW 112TH ST., SUITE 207 MIAMI, FL 33186 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORPAS MIGUEL A. 10201 HAMMOCKS BLVD STE 153 PMB#474 MIAMI FL 33196 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 			04/18/05 <input type="checkbox"/>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date      Daytime Phone #</small>		