
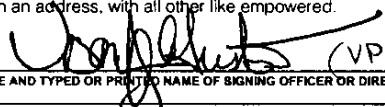


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 APR 18 AM 12:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |   |  |  |   |                 |
|--|---|--|--|---|-----------------|
| DOCUMENT # P03000083192  |   |  |  |    |                 |
| 1. Entity Name<br>GUITIAN BROTHERS MUSIC INC.  |   |  |  |   |                 |
| Principal Place of Business<br>8051 NW 36TH STREET<br>618<br>DORAL, FL 33166 US  |   |  | Mailing Address<br>8051 NW 36TH STREET<br>618<br>DORAL, FL 33166   |   |                 |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |  |   |                 |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |   |                 |
| City & State   |   | City & State   |  | 4. FEI Number<br>56-2382161   |                 |
| Zip  |   | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |                 |
| 6. Name and Address of Current Registered Agent<br><br>GUITIAN, OSCAR F<br>8051 NW 36TH STREET<br>618<br>DORAL, FL 33166   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |  |  |   |                 |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> May Be Added to Fees  |                 |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D- GUITIAN, OSCAR F <input type="checkbox"/> Delete<br>8051 NW 36TH STREET, #618<br>DORAL, FL 33166 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PID FRANK H. LABAUT <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>8051 NW 36 ST. #618<br>DORAL, FL 33166 |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>700124344977<br>04/18/08--01029--009 **150.00          |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |                 |
| 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:  (VP) OSCAR GUITIAN  |   |  |  |   |                 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |  | Date   |   | Daytime Phone # |

4/18