## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000085868

FILED Apr 23, 2005 Secretary of State

Entity Nai	me: EDUAR	DO MUSICA, CORP.					
Current Principal Place of Business:				New Principal Place of Business:			
11700 SW 81ST RD. PINECREST, FL 33156				4230 NE 15TH AVE OAKLAND PARK, FL 33334			
Current Mailing Address:				New Mailing Address:			
PO BOX 6 POMPANO	67825 D BEACH, FL	33066					
FEI Number:	: 27-0065733	FEI Number Applied	d For ( ) FEI Nur	mber Not Appl	icable ( )	Certificate of Status Desi	red ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
NORIEGA, JOSE M 11700 SW 81ST RD. PINECREST, FL 33156 US				NORIEGA, JOSE M 2322 S. CYPRESS BEND DR. #710 POMPANO BEACH, FL 33069 US			
	named entit e of Florida.	y submits this stateme	ent for the purpose o	of changing it	ts registered	office or registered agen	t, or both,
SIGNATURE:				04/23/2005			
	Electr	onic Signature of Reg	istered Agent			Date	
Election Car	mpaign Financ	ing Trust Fund Contribut	tion ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	NORIEGA, EI P. O. BOX 66			Title: Name: Address: City-St-Zip:	,	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D NORIEGA, JO 11700 SW 8 <sup>-</sup> PINECREST,	IST RD.		Title: Name: Address: City-St-Zip:	NORIEGA, JO 2322 S. CYP	(X) Change ()Addition DSE MANUEL RESS BEND DR. #710 EACH, FL 33069	
Title: Name: Address: City-St-Zip:	BRACCILI, R 4230 NE 15T			Title: Name: Address: City-St-Zip:	•	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDUARDO NORIEGA PD 04/23/2005