## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Jun 01, 2004 8:00 am Secretary of State

1. Entity Name  LATIN GROOVE MUSIC INC  Principal Place of Business  1371 GARDEN RD WESTON FL 33326  2. Principal Place of Business  3. Mailing Address  3. Mailing Address	./S
1371 GARDEN RD WESTON FL 33326 WESTON FL 33326	<b>11 125</b> 1
1371 GARDEN RD WESTON FL 33326 WESTON FL 33326	
WESTON FL 33326 WESTON FL 33326	
Principal Place of Business     3. Malling Address	
2. Principal Place of Business 3. Mailing Address	
Suite, Apt. #, etc. MOORE CR2E034 (11/03)	
	ed For policable
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additing Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	
REYES, SOLANGE	
8275 SW, 152 AV Street Address (P.O. Box Number is Not Acceptable)	
SUITE 110 MIAMI FL 33193  137/ GARDEN RD	
City WESTON FL Zip Cooks	726
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.	
Minno Henricon 4-15-01	
SIGNATURE Signature, typed or previous name of regulatored opens and size of applicable. (NOTE: Regulatored Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00  After May 1 2004 Fee will be \$350.00  Make Check Payable to Florida Department of State	May Be Fees
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	l 11
TITLE P Delete TITLE Change	Addition
STREET ADDRESS 1371 GARDEN RD	
CITY-ST-ZIP WESTON FL 33326 CITY-ST-ZIP	31182
TITLE SEC Delete TITLE Change  NAME JATAR, BELKYS	Addition
STREET ADDRESS 1371 GARDEN RD STREET ADDRESS CITY-SI-ZIP WESTON FL 33326 CITY-SI-ZIP	
	Addition
NAME STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP	
· · · · · · · · · · · · · · · · ·	Addition
NAME NAME STREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP CITY-ST-ZIP	
TITLE Delete TITLE Change	Addition
STREET ADDRESS STREET ADDRESS	}
CITY-ST-ZIP CITY-ST-ZIP	7 4469
TITLE Delete TITLE Change NAME	Addition
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
	mation
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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or of the corporation or the receiver or toustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or B changed, or on an attachment with an address, with all other like empowered.	director ock 11 if