2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # P03000103646** 04-29-2005 90207 026 ***150.00 1. Entity Name F & R MUSIC SUPPLIES, INC. Principal Place of Business Mailing Address 8635 NW 8TH STREET 8635 NW 8TH STREET SUITE 306 SUITE 306 MIAMI, FL 33126 MIAMI, FL 33126 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04272005 Chg-P CR2E034 (10/03) Applied For City & State 4. FEL Number City & State 20-0244520 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GEORGINA MACIAS HERNANDEZ, RAMIRO A Street Address (P.O. Box Number is Not Acceptable) 8635 NW 8TH STREET SUITE 306 MIAMI, FL 33126 14814 NW 88th COURT MIAMI LAKES 33018 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSD PSD** X Delete ☐ Addition TITLE TITLE Xi Change HERNANDEZ, RAMIRO A NAME NAME MACIAS, GEORGINA STREET ADDRESS 8635 NW 8TH STREET, SUITE 306 STREET ADDRESS 14814 NW 88TH COURT CITY-ST-78P MIAMI, FL 33126 CITY-ST-7fP MIAMI LAKES, FL 33018 Change Addition TITLE X Delete TITLE MARTINEZ, FREDDY NAME 7891 JOHNSON STREET, APT. 105 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33024 CITY-ST-ZIP VID TITLE X Change Addition ☐ Delete TITLE AVELLAN, WILSON R. NAME NAMÉ STREET ADDRESS STREET ADDRESS 14814 NW 88TH COURT CITY-ST-7IP CITY-ST-7IP MIAMI_LAKES,_FL_33018 TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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. SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

FILED