2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attac

SIGNATURE:

May 03, 2004 8:00 am Secretary of State DOCUMENT # P03000116766 1. Entity Name 05-03-2004 90705 043 ***150 00 DE ORO MUSIC PRODUCTIONS, INC. Principal Place of Business Mailing Address 128 WOODLAND RD 128 WOODLAND RD PALM SPRINGS FL 33461 PALM SPRINGS FL 33461 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number City & State City & State Applied For Not Applicable Ζip Country Country \$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 BORDA, JORGE E Street Address (P.O. Box Number is Not Acceptable) 128 WOODLAND RD PALM SPRINGS FL 33461 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Change Addition TITLE Delete JORGE E. BORDA NAME NAME JAG PRESIDENT 128 WOODLAND ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALM SPRINGS, FL TITLE Delete TITLE VICE PRESIDENT Change **■** Addition NAME NAME EDELMIRA C. BORDA STREET ADDRESS 128 WOODLAND ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM SPRINGS Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Pation supplied with this fifting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information opplemental report is true and courage and that my signature shall have the same legal effect as if made under oath; that I am an officer or director lived or trustee empowered. If execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if it with an address, with a statute of the empowered. 12. I hereby certify that the information indicated on this report page of the corporation or the record.

FILED