

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2008 8:00 am
Secretary of State

07-18-2008 90013 023 ***150.00

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05122008 Chg-P CR2E034 (12/06)

DOCUMENT # P03000126974 1. Entity Name LA LOMA MUSIC PUBLISHING COMPANY, INC.					
Principal Place of Business 1717 N BAYSHORE DR STE 2146 MIAMI, FL 33132			Mailing Address 1717 N BAYSHORE DR STE 2146 MIAMI, FL 33132		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 20-1187102			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent OVIES, IDA 2307 DOUGLAS RD 400 MIAMI, FL 33145			7. Name and Address of New Registered Agent Name <u>OVIES IDA</u> Street Address (P.O. Box Number is Not Acceptable) <u>3785 NW 82 AVE #302</u> City <u>DORAL</u> FL Zip Code <u>33166</u>		
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 <u>[Signature]</u> 5/13/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) D/R/F</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 another like empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>7-3-08</u> Daytime Phone #		