


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90077 011 ***150.00

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| DOCUMENT # P03000135062 | | | |  | |
| 1. Entity Name PRODUCCIONES Y EVENTOS MUSICALES INTERNACIONALES S DE RL DE CV CORP. | | | | | |
| Principal Place of Business 3553 SW 173RD TERRACE MIRAMAR, FL 33029 | | | Mailing Address 3553 SW 173RD TERRACE MIRAMAR, FL 33029 | | |
| 2. Principal Place of Business 15575 SW 17 ST | | 3. Mailing Address 15575 SW 17 ST. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State DAVIE FL | | City & State DAVIE FL | | 4. FEI Number 55-0856545 | |
| Zip 33326-5018 | | Country USA | | 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 UMBERT, ANGEL 3553 SW 173RD TERRACE MIRAMAR, FL 33029 | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE P <input type="checkbox"/> Delete | NAME UMBERT, ANGEL | | TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME 15575 SW 17 ST. | |
| STREET ADDRESS 3553 SW 173 TERRACE | CITY-ST-ZIP MIRAMAR, FL 33029 | | STREET ADDRESS DAVIE FL 33326-5018 | CITY-ST-ZIP DAVIE FL 33326-5018 | |
| TITLE _____ <input type="checkbox"/> Delete | NAME _____ | | TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME _____ | |
| STREET ADDRESS _____ | CITY-ST-ZIP _____ | | STREET ADDRESS _____ | CITY-ST-ZIP _____ | |
| TITLE _____ <input type="checkbox"/> Delete | NAME _____ | | TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME _____ | |
| STREET ADDRESS _____ | CITY-ST-ZIP _____ | | STREET ADDRESS _____ | CITY-ST-ZIP _____ | |
| TITLE _____ <input type="checkbox"/> Delete | NAME _____ | | TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME _____ | |
| STREET ADDRESS _____ | CITY-ST-ZIP _____ | | STREET ADDRESS _____ | 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, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | ANGEL UMBERT 3-14-05 382-5701 <small>Date Daytime Phone #</small> | | |