

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000062552

1. Entity Name
EMUSICLATINO.COM, INC.



APPROVAL
AND
FILED

05 OCT 12 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
420 LINCOLN RD, #450
MIAMI BEACH, FL 33139

Mailing Address
420 LINCOLN RD, #450
MIAMI BEACH, FL 33139

2. Principal Place of Business
420 Lincoln Rd
Suite, Apt. #, etc.
436

3. Mailing Address
420 Lincoln Rd
Suite, Apt. #, etc.
436

City & State
MIAMI BEACH, FL

City & State
MIAMI BEACH, FL

Zip
FL 33139

Country
USA

Zip
33139

Country
USA

10112005 REIN-P CR2E098 (6/04)

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIERRALTA, MIGUEL
420 LINCOLN RD, #450
MIAMI BEACH, FL 33139

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SIERRALTA, MIGUEL
420 LINCOLN RD, #450
MIAMI BEACH, FL 33139 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SIERRALTA, MIGUEL
420 LINCOLN RD, #436
MIAMI BEACH, FL 33139 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100061077681 ☐ Change ☐ Addition
11/01/05--01056--003 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIGUEL SIERRALTA

OCT 11 / 2005 305 535 535

Date

Daytime Phone #