2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90142 022 ***150.00

DOCUMENT # P04000067511

1. Entity Name
BAIRES MUSIC, INC

50047029

04282005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
1813 MATTHEW LOOP CLEWISTON, FL 33440	1813 MATTHEW LOOP CLEWISTON, FL 33440

2. Principal Place of Business	3. Mailing Address
514 San Luiz Avenue	514 San Luiz Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clewiston FL	City & State: Clewiston FL
Zip: 33440 Country:	Zip: 33440 Country:

4. FEI Number: 56-2458001 — 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
BONILLA, ISMAEL 1813 MATTHEW LOOP CLEWISTON, FL 33440	Name: Ismael Bonilla Street Address (P.O. Box Number is Not Acceptable): 514 San Luiz Avenue City: Clewiston FL Zip Code: 33440

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 X. 4/28/05
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 May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P,VP ☐ Delete	TITLE	P,VP ☒ Change ☐ Addition
NAME	BONILLA, ISMAEL	NAME	BONILLA ISMAEL
STREET ADDRESS	1813 MATTHEW LOOP	STREET ADDRESS	514 San Luiz Avenue
CITY-ST-ZIP	CLEWISTON, FL 33440	CITY-ST-ZIP	Clewiston FL 33440
TITLE	☐ Delete	TITLE	☐ Change ☐ 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	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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	
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: X. 4/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #