2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 18, 2007 8:00 am **Secretary of State** DOCUMENT # P04000077724 01-18-2007 90113 032 ***150.00 1. Entity Name ESTRELLA MUSIC, INC Principal Place of Business Mailing Address 1413 N KROME AVE 1413 N KROME AVE HOMESTEAD, FL 33030 HOMESTEAD, FL 33030 US No Chg-P 01112007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1095331 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REYES, IMELDA DO NOT WRITE 29715 SW 143RD CT HOMESTEAD, FL 33033 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE REYES, IMELDA NAME 29715 SW 143RD CT STREET ADDRESS HOMESTEAD, FL 33033 CITY-ST-ZIP TITLE NAME REYES, OLIVA 1063 NW 10TH ST STREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL 33033 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

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 all other like empowered.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

G OFFICER OR DIRECTOR

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