2005 FOR PROFIT CORPORATION ANNUAL REPORT: (AR)

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Apr 18, 2005 8:00 am Secretary of State DOCUMENT # P04000080478 1. Entity Name 04-18-2005 90269 003 ***150.00 KARINA MUSIC, INC. Principal Place of Business Mailing Address 25005 SW 127 COURT -25005 SW 127 COURT MIAMI FL 33032 MIAMI FL 33032 2. Principal Place of Business 3. Mailing Address 5191 NW 112 Place Place. 112 5191 NW Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number - 0603966 City & State City & State Applied For MIAMI Not Applicable 33178 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired MIAMI DaDE DADE HIAMI 33178 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANA CPACHECO PACHECO, ANA C⁻ 25005 SW 127 COURT MIAMI FL 33032 Street Address (P.O. Box Number is Not Acceptable) Place 5191 112 ω City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ** FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change Addition PACHECO, ANA C ANA C PACHECO NAME NAME 5191 NW 112 Place 25005 SW 127 COURT STREET ADDRESS STREET ADDRESS MIAMI CITY-ST-ZIP MIAMI FL 33032 CITY-ST-ZIP F1 33178 TITLE ☐ Delete TITLE OTTO E EDDRIGUEZ NAME 5191 NW 112 PIGCE STREET ADDRESS STREET ADDRESS MIAMY F1 33178 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADORESS 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 empower

FILED

Daytime Phone #