

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000124162

Entity Name: FIESTA MUSICAL, INC.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

5380 10TH AVE N  
#2  
GREENACRES, FL 33463

## Current Mailing Address:

230 PERRY AVE  
GREENACRES, FL 33463

## New Principal Place of Business:

## New Mailing Address:

P O BOX 5597  
LAKE WORTH, FL 334665597 US

FEI Number: 20-1547940

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GONZALEZ, ELOISA  
230 PERRY AVE  
GREENACRES, FL 33463 US

## Name and Address of New Registered Agent:

GONZALEZ, ELOISA  
5380 10TH AVE N  
GREENACRES, FL 33463 US

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.

SIGNATURE: ELOISA GONZALEZ

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D,P ( ) Delete  
Name: GONZALEZ, ELOISA  
Address: 230 PERRY AVE  
City-St-Zip: GREENACRES, FL 33463

Title: D,VP ( ) Delete  
Name: GONZALEZ, VICTOR  
Address: 230 PERRY AVE  
City-St-Zip: GREENACRES, FL 33463

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change ( ) Addition  
Name: GONZALEZ, ELOISA  
Address: P O BOX 5597  
City-St-Zip: LAKE WORTH, FL 334665597 US

Title: D,VP (X) Change ( ) Addition  
Name: GONZALEZ, VICTOR  
Address: P O BOX 5597  
City-St-Zip: LAKE WORTH, FL 334665597 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELOISA GONZALEZ

D, P

04/30/2009

Electronic Signature of Signing Officer or Director

Date