

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000161475

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: TAMBOR MUSIC, INC

**Current Principal Place of Business:**

265 GRAPETREE DR.  
UNIT 127  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1126  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number: 20-1959100      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORDOVA, DIEGO E  
8905 SW 87 AVENUE  
# 200  
MIAMI, FL 33176 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P,S ( ) Delete  
Name: GARCIA, JAVIER  
Address: PO BOX 1126  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP,T ( ) Delete  
Name: MURCIANO, CAROLINA  
Address: PO BOX 1126  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAVIER GARCIA

P,S

03/31/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date