

2006 FOR PROFIT CORPORATION ANNUAL REPORT

05-01-2006 90331 030 150.00
FILED P05000010826


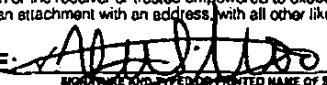
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40010000



04252006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000010826			
1. Entity Name FLORIDA DREAMS MUSIC, INC.			
Principal Place of Business 17401 SW 144 CT. MIAMI, FL 33177		Mailing Address 17401 SW 144 CT. MIAMI, FL 33177	
2. Principal Place of Business		3. Mailing Address 792 NW LE JEUNE RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 629	
City & State		City & State MIAMI FL	
Zip	Country	Zip	Country
		33126	USA
4. FEI Number		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NUNO, CARLOS 17401 SW 144 CT. MIAMI, FL 33177		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS NUNO, CARLOS 17401 SW 144 CT. MIAMI, FL 33177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE:  CARLOS NUNO		4/25/06 (30) 256-9589	
SHOULD HAVE BEEN PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FLORIDA DREAMS MUSIC, INC.
⇒ **TAX ID.# 20-2268181**

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314


ATTN: TYRONE SCOTT

AS PER OUR PHONE CONVERSATION I AM SENDING TO YOU THIS LETTER OF EXPLANATION IN ORDER TO UPDATE OUR CORPORATION. I NEVER RECEIVED YOUR REJECT LETTER IN REF TO THE TAX ID NUMBER THAT WAS NEEDED. PLEASE PROCESS THIS AS SOON AS POSSIBLE AND MAKE NITE OF OUR TAX ID NUMBER LISTED.

I HAVE A NEW MAILING ADDRESS PLEASE MAKE A NOTE OF IT.

782 NW LE JEUNE RD. #629, MIAMI, FL 33126

CORDIALLY,


CARLOS NUNO
PRESIDENT