

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90002 040 ***158.75

DOCUMENT # P05000010848 1. Entity Name HUMBELINA MUSIC PUBLISHING, INC.					
Principal Place of Business 6570 WEST 5TH PLACE HIALEAH, FL 33012			Mailing Address 6570 WEST 5TH PLACE HIALEAH, FL 33012		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WOLFE, RICHARD C ESQ C/O WOLFE & GOLDSTEIN, P.A. 550 BRICKELL AVENUE, PENTHOUSE SUITE MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Mariella Nelson Street Address (P.O. Box Number is Not Acceptable) 6570 W. S Place City Hialeah FL Zip Code 33012	
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 DATE 8/19/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006			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 D <input type="checkbox"/> Delete NAME NELSON, MARIELLA STREET ADDRESS 6570 WEST 5TH PLACE CITY-ST-ZIP HIALEAH, FL 33012			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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:			Date 8/19/2006 Daytime Phone # 305.610.3424		