

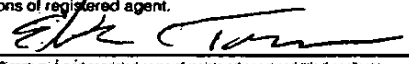
2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

04-26-2006 90202 036 ***150.00

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DOCUMENT # P05000068665					
1. Entity Name REAL ARTIFICIAL MUSIC, INC.					
Principal Place of Business 2750 NE 183RD ST., #1012 AVENTURA, FL 33160			Mailing Address 2750 NE 183RD ST., #1012 AVENTURA, FL 33160		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 83-0429868	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent TORRES, ELSTEN 2750 NE 183RD ST., #1012 AVENTURA, FL 33160			7. Name and Address of New Registered Agent 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  DATE 03-31-06 Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	President	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	Elsten TORRES		NAME		
STREET ADDRESS	2750 N.E. 183rd St #1012, Aventura, FL 33160		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	Vice President	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	Elsten TORRES		NAME		
STREET ADDRESS	2750 N.E. 183rd St #1012		STREET ADDRESS		
CITY-ST-ZIP	Aventura, FL 33160		CITY-ST-ZIP		
TITLE	Secretary	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	Elsten TORRES		NAME		
STREET ADDRESS	2750 N.E. 183rd St #1012		STREET ADDRESS		
CITY-ST-ZIP	Aventura, FL 33160		CITY-ST-ZIP		
TITLE	Treasurer	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	Elsten TORRES		NAME		
STREET ADDRESS	2750 N.E. 183rd St #1012		STREET ADDRESS		
CITY-ST-ZIP	Aventura, FL 33160		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  Elsten C. TORRES			DATE: 03-31-06 TELEPHONE: 305-788-0549		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		