2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 30, 2006 8:00 am **Secretary of State DOCUMENT # P05000073588** 01-30-2006 90035 009 ***150.00 CALLE 54 RECORDS, INC. Principal Place of Business Mailing Address **690 WARREN LANE 690 WARREN LANE** KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01262006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAMIREZ, MANUEL A. Street Address (P.O. Box Number is Not Acceptable) 1200 BRICKELL AVE., STE. 1440 MIAMI, FL 33131 City 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. Signature, typed or printed name of registered agent and tale if applicable. (NOTE: Regulated Agent signature required when renetating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPST TITLE ☐ Delete TETT. F ☐ Change ☐ Addition CHEDIAK, NAT NAME NAME STREET ADDRESS 690 WARREN LANE STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 33149 CITY-ST-7/P MLE ☐ Delete TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME HALE STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7P TITLE ☐ Delete TITLE ☐ Change ☐ Addition MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE Delete TITLE ☐ Change ☐ Addition NULE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-74P ☐ Delete TITLE Change ■ Addition MASE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P 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 ampowered.

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