2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 15, 2007 8:00 am Secretary of State DOCUMENT # P05000115421 1. Entity Name 02-15-2007 90052 036 ***150.00 PRESENCIA MUSIC, INC. Principal Place of Business Mailing Address 10340 SW 156 COURT 10340 SW 156 COURT quulosvi MIAMI, FL 33196 MIAMI, FL 33196 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 14519 Ivy Wood CT 14519 IVY Wood C+ Suite, Apt. #, etc. Suite, Apt. #, etc. 01272007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Humble 20-3426362 Humble Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 77396 USA 77396 AZU 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent \mathcal{B} Pargas Carlos BERRIOS, ALMA Street Address (P.O. Box Number is Not Acceptable) 10340 SW 156 COURT MIAMI, FL 33196 7700 N. Kendall Dr. Suite 515 Zip Code 33176 Miami 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. Pargas Carlos B. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE ☐ Delete TITLE Change ■ Addition BERRIOS, ALMA NAME Berrios, Alma NAME IVY WOOD CT STREET ADDRESS 10340 SW 156 COURT STREET ADDRESS 14519 CITY-ST-ZIP MIAMI, FL 33196 CITY-ST-ZIP Humble, TX 77396 **VPC** DVPT TITLE ☐ Delete TITLE Change ☐ Addition BERRIOS, DANIEL NAME NAME Berrios, Daniel STREET ADDRESS 10340 SW 156TH CT STREET ADDRESS 14519 IVY Wood CT CITY-ST-7IP MIAMI, FL 33196 CITY-ST-ZIP Humble TX 77396 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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: \

FILED

Daytime Phone #