

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000131538

Entity Name: SUENALO MUSIC, INC.

FILED
Apr 11, 2007
Secretary of State

Current Principal Place of Business:

247 S.W. 8TH STREET
329
MIAMI, FL 33130

New Principal Place of Business:

2130 SW 20 STREET
MIAMI, FL 33145

Current Mailing Address:

247 S.W. 8TH STREET
329
MIAMI, FL 33130

New Mailing Address:

2130 SW 20 STREET
MIAMI, FL 33145

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LECOURS, MARCEL G
247 S.W. 8TH STREET
329
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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.

SIGNATURE: MARCEL LECOURS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: LECOURS, MARCEL G
Address: 247 S.W. 8TH STREET, #329
City-St-Zip: MIAMI, FL 33130

Title: O () Delete
Name: TURROS, JUAN T
Address: 247 S.W. 8TH STREET, # 329
City-St-Zip: MIAMI, FL 33130

Title: S () Delete
Name: GLECEP, GERARD P
Address: 247 S.W. 8TH STREET, #329
City-St-Zip: MIAMI, FL 33130

Title: O () Delete
Name: LAURENCIO, ANTHONY L
Address: 247 S.W. 8TH STREET, #329
City-St-Zip: MIAMI, FL 33130

Title: P () Delete
Name: MARANGES, PHILIP R
Address: 247 S.W. 8TH STREET, #329
City-St-Zip: MIAMI, FL 33130

Title: VP () Delete
Name: GUZMAN, CARLOS E
Address: 247 S.W. 8TH STREET, #329
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCEL LECOURS

O

04/11/2007

Electronic Signature of Signing Officer or Director

Date