

2008 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Jan 24, 2008
Secretary of State**

DOCUMENT# P06000015037

Entity Name: PERILLOMUSIC, INC.

Current Principal Place of Business:

4840 SW 90 CT
MIAMI, FL 33165

New Principal Place of Business:

16350 SW 45 TERRACE
MIAMI, FL 33185

Current Mailing Address:

4840 SW 90 CT
MIAMI, FL 33165

New Mailing Address:

16350 SW 45 TERRACE
MIAMI, FL 33185

FEI Number: 20-4151751 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ADA, LINARES
4840 SW 90 CT
MIAMI, FL 33165 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: ADA LINARES

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: P () Delete
Name: LINARES, ADA
Address: 904 SW 154 PATH
City-St-Zip: MIAMI, FL 33194 US

Title: TRES (X) Delete
Name: LINARES, JOSE
Address: 4840 SW 90 CT
City-St-Zip: MIAMI, FL 33165 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: ADA LINARES

P

01/24/2008

Electronic Signature of Signing Officer or Director

Date