2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007
Secretary of State

DOCUMENT# P06000055759

Entity Name: 4200 MUSIKWURKS INC

Current Principal Place of Business:

4200 HILLCREST DR
709
HOLLYWOOD, FL 33021

New Principal Place of Business:

400 LESLIE DRIVE
911
HALLANDALE BEACH, FL 33009

Current Mailing Address:

4200 HILLCREST DR
709
HOLLYWOOD, FL 33021

New Mailing Address:

400 LESLIE DRIVE
911
HALLANDALE BEACH, FL 33009

FEI Number: 20-4725926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REYES, SOLANGE
671 NE 195 STREET
205
MIAMI, FL 33179 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: _____

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: ALDARONDO, JULIAN
Address: 4200 HILLCREST DR # 709
City-St-Zip: HOLLYWOOD, FL 33021

Title: SEC ( ) Delete
Name: ALDARONDO, JULIAN
Address: 4200 HILLCREST DR # 709
City-St-Zip: HOLLYWOOD, FL 33021

Title: TS ( ) Delete
Name: ALDARONDO, JULIAN
Address: 4200 HILLCREST DR # 709
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ALDARONDO, JULIAN
Address: 400 LESLIE DRIVE #911
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: SEC (X) Change ( ) Addition
Name: ALDARONDO, JULIAN
Address: 400 LESLIE DRIVE #911
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: TS (X) Change ( ) Addition
Name: ALDARONDO, JULIAN
Address: 400 LESLIE DRIVE #911
City-St-Zip: HALLANDALE BEACH, FL 33009

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: ALDARONDO, JULIAN P 05/09/2007

Electronic Signature of Signing Officer or Director — Date