


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90201 009 \*\*\*150.00

<b>DOCUMENT # P06000099338</b>	
1. Entity Name <b>COMPLETE MUSIC WEST COAST FLORIDA, INC</b>	

Principal Place of Business <b>8408 HEATHER DRIVE ZEPHYRHILLS, FL 33540</b>	Mailing Address <b>8408 HEATHER DRIVE ZEPHYRHILLS, FL 33540</b>
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
--	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



03072007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-4898717</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>  <b>HENSON, JOHN CPA 5315 8TH STREET ZEPHYRHILLS, FL 33542</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

<b>10. OFFICERS AND DIRECTORS</b>	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																																																																																																																								
<table border="1"> <tr> <td>TITLE</td> <td><b>P</b></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>BOTELHO, SR., ROBERT W</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>8408 HEATHER DRIVE</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>ZEPHYRHILLS, FL 33540</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td><b>VP</b></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>BOTELHO, LORI J</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>8408 HEATHER DRIVE</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>ZEPHYRHILLS, FL 33540</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td><b>D</b></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>BOTELHO, ADAM A</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>8408 HEATHER DRIVE</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>ZEPHYRHILLS, FL 33540</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td><b>S</b></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>BURCH, JEAN A</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>8408 HEATHER DRIVE</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>ZEPHYRHILLS, FL 33540</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td><b>T</b></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>BOTELHO, JR., ROBERT W</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>8408 HEATHER DRIVE</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>ZEPHYRHILLS, FL 33540</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	<b>P</b>	<input type="checkbox"/> Delete	NAME	<b>BOTELHO, SR., ROBERT W</b>		STREET ADDRESS	<b>8408 HEATHER DRIVE</b>		CITY-ST-ZIP	<b>ZEPHYRHILLS, FL 33540</b>		TITLE	<b>VP</b>	<input type="checkbox"/> Delete	NAME	<b>BOTELHO, LORI J</b>		STREET ADDRESS	<b>8408 HEATHER DRIVE</b>		CITY-ST-ZIP	<b>ZEPHYRHILLS, FL 33540</b>		TITLE	<b>D</b>	<input type="checkbox"/> Delete	NAME	<b>BOTELHO, ADAM A</b>		STREET ADDRESS	<b>8408 HEATHER DRIVE</b>		CITY-ST-ZIP	<b>ZEPHYRHILLS, FL 33540</b>		TITLE	<b>S</b>	<input type="checkbox"/> Delete	NAME	<b>BURCH, JEAN A</b>		STREET ADDRESS	<b>8408 HEATHER DRIVE</b>		CITY-ST-ZIP	<b>ZEPHYRHILLS, FL 33540</b>		TITLE	<b>T</b>	<input type="checkbox"/> Delete	NAME	<b>BOTELHO, JR., ROBERT W</b>		STREET ADDRESS	<b>8408 HEATHER DRIVE</b>		CITY-ST-ZIP	<b>ZEPHYRHILLS, FL 33540</b>		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	<b>P</b>	<input type="checkbox"/> Delete																																																																																																																							
NAME	<b>BOTELHO, SR., ROBERT W</b>																																																																																																																								
STREET ADDRESS	<b>8408 HEATHER DRIVE</b>																																																																																																																								
CITY-ST-ZIP	<b>ZEPHYRHILLS, FL 33540</b>																																																																																																																								
TITLE	<b>VP</b>	<input type="checkbox"/> Delete																																																																																																																							
NAME	<b>BOTELHO, LORI J</b>																																																																																																																								
STREET ADDRESS	<b>8408 HEATHER DRIVE</b>																																																																																																																								
CITY-ST-ZIP	<b>ZEPHYRHILLS, FL 33540</b>																																																																																																																								
TITLE	<b>D</b>	<input type="checkbox"/> Delete																																																																																																																							
NAME	<b>BOTELHO, ADAM A</b>																																																																																																																								
STREET ADDRESS	<b>8408 HEATHER DRIVE</b>																																																																																																																								
CITY-ST-ZIP	<b>ZEPHYRHILLS, FL 33540</b>																																																																																																																								
TITLE	<b>S</b>	<input type="checkbox"/> Delete																																																																																																																							
NAME	<b>BURCH, JEAN A</b>																																																																																																																								
STREET ADDRESS	<b>8408 HEATHER DRIVE</b>																																																																																																																								
CITY-ST-ZIP	<b>ZEPHYRHILLS, FL 33540</b>																																																																																																																								
TITLE	<b>T</b>	<input type="checkbox"/> Delete																																																																																																																							
NAME	<b>BOTELHO, JR., ROBERT W</b>																																																																																																																								
STREET ADDRESS	<b>8408 HEATHER DRIVE</b>																																																																																																																								
CITY-ST-ZIP	<b>ZEPHYRHILLS, FL 33540</b>																																																																																																																								
TITLE		<input type="checkbox"/> Delete																																																																																																																							
NAME																																																																																																																									
STREET ADDRESS																																																																																																																									
CITY-ST-ZIP																																																																																																																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																							
NAME																																																																																																																									
STREET ADDRESS																																																																																																																									
CITY-ST-ZIP																																																																																																																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																							
NAME																																																																																																																									
STREET ADDRESS																																																																																																																									
CITY-ST-ZIP																																																																																																																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																							
NAME																																																																																																																									
STREET ADDRESS																																																																																																																									
CITY-ST-ZIP																																																																																																																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																							
NAME																																																																																																																									
STREET ADDRESS																																																																																																																									
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 empowered.

<b>SIGNATURE:</b> 	<b>Robert W. Botelho, SR</b> <b>PRES</b>	<b>813-862-3770</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>