## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED O

PRINTED NAME OF SIGNING OFFICER

## Apr 16, 2007 8:00 am Secretary of State DOCUMENT # P06000101758 04-16-2007 90082 037 \*\*\*150.00 MUSIC WAREHOUSE, INC. Principal Place of Business Mailing Address 4UUDEU--4311 ORLANDO DRIVE 4731 NW 5TH CT D 10,12,14 COCONUT CREEK, FL 33063 SANFORD, FL 32773 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 03242007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ACEVEDO, ALFREDO Street Address (P.O. Box Number is Not Acceptable) 4731 NW 5TH CT COCONUT CREEK, FL 33063 Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete Change ☐ Addition TITLE NAME ACEVEDO, ALFREDO PRES STREET ADDRESS 4731 NW 5TH CT STREET ADDRESS COCONUT CREEK, FL 33063 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP 12. I hereby certify that the information supplied with this lift indicated on this report or supplemental report is true of the corporation or the receiver or rustee empowered. does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information courate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director secute this lepon as required by Chapter 607, Florida Statutes, and that thy name appears in Block 10 or Block 11 if changed, or on an attachment with

FILED

Daytime Phone #