

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 12, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000133020

1. Entity Name

ALL MUSIC CONSULTANTS, INC.



Principal Place of Business

13400 SOUTHWEST 66TH AVENUE
PINECREST FL 33156

Mailing Address

13400 SOUTHWEST 66TH AVENUE
PINECREST FL 33156



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

1st MOORE

CR2E034 (10/07)

4. FEI Number 22-3945093

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CARRASCO, ANGEL
STREET ADDRESS 13400 SOUTHWEST 66TH AVENUE
CITY-ST-ZIP PINECREST FL 33156

TITLE VD
NAME CARRASCO, NADELIA G
STREET ADDRESS 13400 SOUTHWEST 66TH AVENUE
CITY-ST-ZIP PINECREST FL 33156

TITLE S
NAME CARRASCO, BIANCA
STREET ADDRESS 13400 SOUTHWEST 66TH AVENUE
CITY-ST-ZIP PINECREST FL 33156

TITLE T
NAME CARRASCO, AMANDA
STREET ADDRESS 13400 SOUTHWEST 66TH AVENUE
CITY-ST-ZIP PINECREST FL 33156

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C to

Business Expense

ANGEL CARRASCO Pres 3-7-08 305-5887134