


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000000721	
1. Entity Name LIL' JOE WEIN MUSIC, INC.	

Principal Place of Business 6157 NW 167TH STREET #F-17 MIAMI, FL 33015 US	Mailing Address 6157 NW 167TH STREET #F-17 MIAMI, FL 33015 US
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DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0545229	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEINBERGER, JOSEPH
 6157 NW 167TH STREET
 STE #F-17
 MIAMI, FL 33015

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000446514 03/08/06-80013-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPVP JOSEPH WEINBERGER 6157 NW 167TH STREET, F-17 MIAMI, FL 33015
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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.

SIGNATURE: Joseph Weinberger Joseph Weinberger President 2/21/06 305-362-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #