


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90136 014 ***150.00

DOCUMENT # P95000069646	
1. Entity Name D.J. WIZZZZ MUSIC POOL & PROMOTIONS CORP.	

Principal Place of Business 12240 SW 251 TERRACE PRINCETON, FL 33032	Mailing Address 12240 SW 251 TERRACE PRINCETON, FL 33032
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2. Principal Place of Business 3385 NE 10 STREET Suite, Apt. #, etc. #202 City & State HOMESTEAD FL Zip 33033 Country	3. Mailing Address 3385 NE 10 STREET Suite, Apt. #, etc. #202 City & State HOMESTEAD FL Zip 33033 Country
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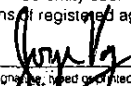


03022006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0659647	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VALDES, JORGE 12240 SW 251 TERRACE PRINCETON, FL 33032	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3385 NE 10 STREET #202 City HOMESTEAD FL Zip Code 33033
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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.

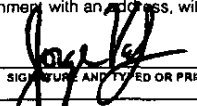
SIGNATURE  DATE 03-07-'06

Signature based on 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALDES, JORGE 12240 SW 251 TERR. PRINCETON, FL 33032 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3385 NE 10 STREET #202 HOMESTEAD FL 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  JORGE VALDES DATE 03-15-'06 DAYTIME PHONE # 305 246-8933 / 786 512-4784 (CEL)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR