2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P95000069646

D.J. WIZZZZ MUSIC POOL & PROMOTIONS CORP.



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

3385 NE 10 ST 202

HOMESTEAD, FL 33033

Mailing Address

3385 NE 10 ST

202

DO NOT WRITE IN THIS SPACE

HOMESTEAD, FL 33033



02112008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0659647 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES, JORGE 3385 NE 10 ST

HOMESTEAD, FL 33033

DO NOT WRITE IN THIS SPACE

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 trife if applicable (NOTE, Registered Agent signature required when reinstating) DATE						
Signature, typed or printed name or registered agent and time it applicable in [INOTE, registered Agent signature required when reinstating) DATE UNITE.						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		000000923996 05/16/08-80057-004	150.00	
10. OFFICERS AND DIRECTORS						
NAME STREET ADDRESS CITY-ST-ZIP	P VALDES, JORGE 3385 NE 10 ST 202 HOMESTEAD, FL 33033					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						; .
TITLE NAME STREET ADDRESS CITY - ST - ZIP			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

12. Thereby certify that the information supplied with this filling 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 trustge empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if dress, with all other like empowered changed, or on an attachr

SIGNATURE:

CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR