2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000053134

1. Entity Name
AT HOME MUSIC WORKS, INC.

Principal Place of Business	Mailing Address
11771 SOUTH DIXIE HIGHWAY MIAMI, FL 33156	11771 SOUTH DIXIE HIGHWAY MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

04292005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0682059		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROSE, CANDACE K
11771 SOUTH DIXIE HIGHWAY
MIAMI, FL 33156

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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_____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROSE, CANDACE K
STREET ADDRESS	11771 S. DIXIE HIGHWAY
CITY-ST-ZIP	MIAMI, FL 33156

TITLE	STD
NAME	ROSE, JOHN B
STREET ADDRESS	11771 SOUTH DIXIE HIGHWAY
CITY-ST-ZIP	MIAMI, FL 33156

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____Candace K Rose_____ Candace K. Rose 04-29-05 305-256-1655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #