

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91059 006 ***150.00

DOCUMENT # P97000041196

1. Entity Name

EL SONIDO RECORDS INC

DO NOT WRITE IN THIS SPACE

94082545

2. Principal Place of Business
2325 West 52nd Street

3. Mailing Address
2325 West 52nd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah Florida

City & State

Hialeah Florida

Zip 33016

Country USA

Zip 33016

Country USA

4. FEI Number 59-3446682

Applied For

Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name GONZALEZ, JUAN

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

2325 West 52nd Street

City Hialeah

FL

Zip Code 33016

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GONZALEZ, JUAN 8765 NW 149th Terrace Miami FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PENA, NIDIA 8765 NW 149th Terrace Miami FL 33018
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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/2004 (305) 362-9139

CR2F034R (12/01)