


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90048 040 ***150.00

DOCUMENT # P97000061847 1. Entity Name GLOBO MUSIC PUBLISHING CORPORATION					
Principal Place of Business 2170 NW 87TH AVENUE MIAMI, FL 33172			Mailing Address 2170 NW 87 AVENUE #103 MIAMI, FL 33172		
2. Principal Place of Business 2182 NW 87th Ave		3. Mailing Address 2182 NW 87th Ave			
Suite, Apt. #, etc. -----		Suite, Apt. #, etc. -----			
City & State Doral, Florida		City & State Doral, Florida		4. FEI Number 65-0802504	
Zip 33172		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'NAGHTEN, JUAN T 2665 S. BAYSHORE DRIVE SUITE 200 MIAMI, FL 33133			7. Name and Address of New Registered Agent Name O'Naghten, Juan T. Street Address (P.O. Box Number is Not Acceptable) 2950 SW 27th Avenue Suite 300 City Miami FL Zip Code 33133		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS MONSERRAT, JAIME 2170 NW 87 STE AVE 103 MIAMI, FL 33132 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Jaime Azcarraga Privada de Horacio # 10 Mexico DF, MX 11510 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IBANEZ, AGUSTIN AV. UNIVERSIDAD 1273 COLONIA DEL VALLE MEXICO D.F. MEXICO, 03100 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Amalia Figueroa-Borgen 2182 NW 87th Avenue Doral, Florida 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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	
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	
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: Amalia Figueroa-Borgen/Secr			305-436-0265		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					