
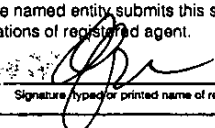
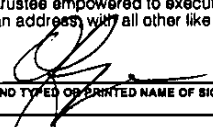


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90050 003 ***150.00

DOCUMENT # P98000059526 1. Entity Name MUSICALL PUBLISHING, INC.					
Principal Place of Business 223 SUNSET AVE SUITE 230 PALM BEACH, FL 33480 US			Mailing Address P.O. BOX 4297 WEST PALM BEACH, FL 33402 US		
2. Principal Place of Business - No P.O. Box # 7001 N. Waterway Dr.		3. Mailing Address P.O. Box 454008			
Suite, Apt. #, etc. #108		Suite, Apt. #, etc. 			
City & State Miami, FL.		City & State Miami, FL.		4. FEI Number 65-0848576	
Zip 33155		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33245-4008		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent CHOPIN, L F 223 SUNSET AVE SUITE 230 PALM BEACH, FL 33480				7. Name and Address of New Registered Agent Name Fuentes Alejandro Street Address (P.O. Box Number is Not Acceptable) 7001 N. Waterway Dr. #108 City Miami FL Zip Code 33155	
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  <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 03-03-08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PD FUENTES, PEDRO A 223 SUNSET AVE SUITE 230 PALM BEACH, FL 33480	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	7001 N. Waterway Dr. #108 Miami, FL. 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ESTRADA, ROSARIO F 223 SUNSET AVE SUITE 230 PALM BEACH, FL 33480	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	7001 N. Waterway Dr. #108 Miami, FL. 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FUENTES, JOSE M 223 SUNSET AVE SUITE 230 PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM FUENTES, ALEJANDRO J 223 SUNSET AVE SUITE 230 PALM BEACH, FL 33480	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	7001 N. Waterway Dr. #108 Miami, FL. 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 03-03-08	