


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P98000077574 1. Entity Name WORLD DEEP MUSIC PUBLISHING CORPORATION |  |
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|---|---|
| Principal Place of Business 5020 BISCAYNE BLVD. MIAMI, FL 33137 | Mailing Address 5020 BISCAYNE BLVD. MIAMI, FL 33137 |
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DO NOT WRITE IN THIS SPACE



02082008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0522878 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent RIOS, LUIS 8360 W. FLAGLER STE 200 MIAMI, FL 33144 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 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 | U00000939016 05/28/08-80007-021 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST- ZIP | DPS SALGADO, FABIO A 1215 N VENETIAN WAY MIAMI BEACH, FL 33139 |
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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:  | 04-22-08 | 305 403 7950 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |