


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000081486 1. Entity Name ORFEON RECORDS ORGANIZATION, INC.	
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Principal Place of Business 2170 N.W. 87TH AVENUE MIAMI, FL 33172	Mailing Address 2170 N.W. 87TH AVENUE SUITE 101 MIAMI, FL 33172
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01122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0219568	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

**6. Name and Address of Current Registered Agent**

JUAN T. O'NAGHTEN  
2665 S. BAYSHORE DRIVE  
SUITE 200  
MIAMI, FL 33133

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONSERRAT, JAMIE 9431 WEST CALUSA CLUB DRIVE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IBANEZ, AGUSTIN AV. UNIVERSIDAD 1273 COLONIA DEL VALLE, MEXICO D.F. MEXICO 03100,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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000000006987  
01/20/04-80005-007 150.00

**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)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMIE MONSERRAT

01/16/04 (302) 777-3889  
Date Daytime Phone #