

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000081486**

1. Entity Name  
ORFEON RECORDS ORGANIZATION, INC.



Principal Place of Business

2170 N.W. 87TH AVENUE  
MIAMI, FL 33172

Mailing Address

2170 N.W. 87TH AVENUE  
SUITE 101  
MIAMI, FL 33172

**DO NOT WRITE IN THIS SPACE**



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0219568 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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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 *Jamie Monserrat*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/05 (205) 477-3889  
Date Daytime Phone #