

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-23-2006 90048 041 ***150.00

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		
2. Principal Place of Business 2182 NW 87th Avenue <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2182 NW 87th Avenue <small>Suite, Apt. #, etc.</small>			
City & State Doral, Florida 33172		City & State Doral, Florida 33172		4. FEI Number 65-0219568	
Zip 33172		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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			7. Name and Address of New Registered Agent Name JUAN T. O'NAGHTEN 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	P MONSERRAT, JAMIE <input checked="" type="checkbox"/> Delete 9431 WEST CALUSA CLUB DRIVE MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete IBANEZ, AGUSTIN AV. UNIVERSIDAD 1273 COLONIA DEL VALLE, MEXICO D.F. MEXICO 03100,		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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jaime Azcarraga Privada de Horacio # 10 Mexico DF, MX 11510	
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/Administrator 305-436-0265 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Daytime Phone #</small>					