# 2007 FOR PROFIT CORPORATION
## ANNUAL REPORT

**DOCUMENT # P98000081486**

**1.** Entity Name
ORFEON RECORDS ORGANIZATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2182 N.W. 87TH AVENUE<br>MIAMI, FL 33172 | 2182 N.W. 87TH AVENUE<br>SUITE 101<br>MIAMI, FL 33172 |

**2.** Principal Place of Business - No P.O. Box #

**3.** Mailing Address
2182 NW 87th Ave.

| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---|---|
| | ---------- |
| City & State | City & State<br>Doral, FL |

| Zip | Country | Zip 33172 | Country |
|---|---|---|---|

01082007     Chg-P     CR2E034 (12/06)

**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
2950 SW 27TH AVE.
SUITE 300
MIAMI, FL 33133

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

| City | | FL | Zip Code |
|---|---|---|---|

**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 reinstating)     DATE

| **FILE NOW!!! FEE IS $150.00**<br>**After May 1, 2007 Fee will be $550.00** | **9.** Election Campaign Financing<br>Trust Fund Contribution. ☐ | **$5.00** May Be<br>Added to Fees | |
|---|---|---|---|

| **10.** | OFFICERS AND DIRECTORS | | **11.** | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|---|
| TITLE | D | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | AZCARRAGA, JAINE | | NAME | | | |
| STREET ADDRESS | PRIVADA DE MORACIO #10 | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MEXICO D.F. MEXICO, 03100 | | CITY-ST-ZIP | | | |
| TITLE | D | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | IBANEZ, AGUSTIN | | NAME | | | |
| STREET ADDRESS | AV. UNIVERSIDAD 1273 COLONIA DEL VALLE, | | STREET ADDRESS | | | |
| CITY-ST-ZIP | MEXICO D.F. MEXICO 03100, | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 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: _____     02/07/07     305-331-9711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR     Date     Daytime Phone #