

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90357 027 ***150.00

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04212005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0890005 Applied For Not Applicable

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

DOCUMENT # P99000010766

1. Entity Name
IGGY'S MUSIC & PRODUCTIONS INC.



Principal Place of Business 7821 SW 24TH STREET #135 MIAMI, FL 33155

Mailing Address 7821 SW 24TH STREET #135 MIAMI, FL 33155

2. Principal Place of Business 9740 W Calusa Club Dr Suite, Apt. #, etc.

3. Mailing Address 9740 W Calusa Club Dr Suite, Apt. #, etc.

City & State Miami, FL Zip 33186 Country USA

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6. Name and Address of Current Registered Agent

RODRIGUEZ, FLOR M
7821 SW 24TH STREET #135
MIAMI, FL 33155

CHANGE

7. Name and Address of New Registered Agent

Name Ignacio Berroa

Street Address (P.O. Box Number is Not Acceptable) 9740 W Calusa Club Dr

City Miami FL Zip Code 33186

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 *Flor Rodriguez* DATE 04-20-05

(NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	RODRIGUEZ, FLOR M		NAME	Ignacio Berroa	
STREET ADDRESS	7821 SW 24TH STREET #135		STREET ADDRESS	9740 W Calusa Club Dr	
CITY- ST- ZIP	MIAMI, FL 33155		CITY- ST- ZIP	Miami, FL 33186	
TITLE	VP	☐ Delete	TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	BERROA, IGNACIO		NAME	FLOR RODRIGUEZ	
STREET ADDRESS	7821 SW 24TH STREET #135		STREET ADDRESS	9740 W Calusa Club Dr	
CITY- ST- ZIP	MIAMI, FL 33155		CITY- ST- ZIP	Miami, FL 33186	
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 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: *Flor Rodriguez* DATE 04-20-05 (305) 216-8425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR