


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000019876</b>	
1. Entity Name <b>ACUARIO MUSIC CORPORATION</b>	

Principal Place of Business <b>6439 SOUTHWEST 132ND COURT CIRCLE MIAMI, FL 33183-5140</b>	Mailing Address <b>6439 SOUTHWEST 132ND COURT CIRCLE MIAMI, FL 33183-5140</b>
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01112004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0901509</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>WONG, BEATRIZ S 6439 SW 132 CT CIRCLE MIAMI, FL 33183-5140</b>
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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 reissuing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000160031 05/12/04-80007-011 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ABREU, JUAN N 6439 SOUTHWEST 132ND COURT CIRCLE MIAMI, FL 331835140</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD WONG, BEATRIZ S 6439 SOUTHWEST 132ND COURT CIRCLE MIAMI, FL 331835140</b>
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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)(i), 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:** Beatriz S. Wong 4/30/04 (305) 352-3670  
SIGNATURE AND FILED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #