

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 JUL 23 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



[Handwritten signature]

07192004 Chg-P CR2E034 (10/03)

| | | | | | |
|---|--|---|--|---|--|
| DOCUMENT # P99000019876 1. Entity Name ACUARIO MUSIC CORPORATION | | | | | |
| Principal Place of Business 6439 SOUTHWEST 132ND COURT CIRCLE MIAMI, FL 33183-5140 | | | Mailing Address 6439 SOUTHWEST 132ND COURT CIRCLE MIAMI, FL 33183-5140 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0901509 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent WONG, BEATRIZ S 6439 SW 132 CT CIRCLE MIAMI, FL 33183-5140 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Amended AR is \$61.25 | | 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 | PD ABREU, JUAN N <input checked="" type="checkbox"/> Delete 6439 SOUTHWEST 132ND COURT CIRCLE MIAMI, FL 331835140 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD WONG, BEATRIZ S <input type="checkbox"/> Delete 6439 SOUTHWEST 132ND COURT CIRCLE MIAMI, FL 331835140 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President/Treasurer <input checked="" 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 | Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jaime Monserrat 9431 West Calusa Drive Miami, FL 33186 | |
| 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 | 30000397382002 07/30/04--01054--004 <input type="checkbox"/> Change <input type="checkbox"/> Addition **\$61.25 | |
| 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 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: <i>Beatriz S. Wong</i> Beatriz S. Wong, Treasurer 07/19/04 (305) 382-8670 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |