

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

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**



01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

**WONG, BEATRIZ S
6439 SW 132 CT CIRCLE
MIAMI, FL 33183-5140**

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONSERRAT, JAIME 9431 WEST CALUSA DR MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WONG, BEATRIZ S 6439 SOUTHWEST 132ND COURT CIRCLE MIAMI, FL 331835140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WONG, GUSTAVO 6439 SW 132 COURT CIRCLE MIAMI, FL 331835140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/19/07-80065-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/07

Date

(305) 382-8670

Daytime Phone #