


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000019876  
 1. Entity Name  
 ACUARIO MUSIC CORPORATION



Principal Place of Business      Mailing Address  
 6439 SOUTHWEST 132ND COURT CIRCLE      6439 SOUTHWEST 132ND COURT CIRCLE  
 MIAMI, FL 33183-5140      MIAMI, FL 33183-5140

**DO NOT WRITE IN THIS SPACE**



01152008    No Chg-P    CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

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

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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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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 01/18/08-80044-015 150.00

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: GUSTAVO WONG      01/16/08      (305) 382-8670  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #