

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90087 033 ***150.00

DOCUMENT # P99000021704

1. Entity Name
MP3 INTERNATIONAL INC.



Principal Place of Business
**740 N. OCEAN BLVD.
POMPANO BEACH, FL 33062**

Mailing Address
**740 N. OCEAN BLVD.
POMPANO BEACH, FL 33062**



2. Principal Place of Business

5405 WHITE OAK LN.

3. Mailing Address

5405 WHITE OAK LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242005

Chg-P

CR2E034 (10/03)

City & State

TAMARAC, FL

City & State

TAMARAC, FL

4. FEI Number

65-0906973

Applied For

Not Applicable

Zip

33319

Country

USA

Zip

33319

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAMOTHE, FERNAND
721 S.E. 17TH STREET
FORT LAUDERDALE, FL 33316**

7. Name and Address of New Registered Agent

Name **MARIA PIASENTE**

Street Address (P.O. Box Number is Not Acceptable)

5405 WHITE OAK LN.

City

TAMARAC

FL

Zip Code

33319

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.

MARIA PIASENTE, REGISTERED AGENT, 4/8/05

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE **PSD** ☐ Delete
NAME **PIASENTE, MARIA**
STREET ADDRESS **740 N. OCEAN BLVD.**
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE **V** ☐ Delete
NAME **PIASENTE FOLIGNO, MASSIMO**
STREET ADDRESS **740 N. OCEAN BLVD**
CITY-ST-ZIP **POMPANO BEACH, FL 33062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5405 WHITE OAK LN.**
CITY-ST-ZIP **TAMARAC, FL, 33319**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5405 WHITE OAK LN.**
CITY-ST-ZIP **TAMARAC, FL, 33319**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA PIASENTE, PRES./SEC.

Date

4/8/05

Daytime Phone #

954-484-0085