2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000031072

City-St-Zip:

MIAMI, FL 33186

FILED May 07, 2008 Secretary of State

Entity Nai	me: GLORY MU	SIC GROUP, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
12350 SW SUITE # 10 MIAMI, FL			10195 SW 186TH ST CUTLER BAY, FL 33	157	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
12350 SW SUITE # 10 MIAMI, FL			10195 SW 186TH ST CUTLER BAY, FL 33	157	
FEI Number:	: 65-0906408	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
MACHIN, DORIS 12350 SW 132ND CT SUITE 106 MIAMI, FL 33186 US The above named entity submits this statement for the purpose			MACHIN, DORIS 10195 SW 186TH ST CUTLER BAY, FL 33		
	e of Florida.	ornits this statement for the p	dipose of changing its registere	d office of registered agent, or both,	
SIGNATURE:				05/07/2008	
	Electronic	Signature of Registered Age	ent	Date	
		()(b), F.S., the corporation did no rust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () DO MACHIN, DORIS 22618 SW 94 PAT MIAMI, FL 33190		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () DO CARRASQUILLO, 9411 SW 227 LN MIAMI, FL 33190		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	TD () Do MARIN, IDANIA 12254 SW 148 TE		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: IDANIA MARIN 05/07/2008 TD