## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 31, 2008 8:00 am Secretary of State 03-31-2008 90027 043 \*\*\*150.00

DOCL	JMENT#	P990000561	47

1. Entity Name SOUTH BEACH SOUND SPECIAL EVENTS CONSULTANT, INC.



Principal Place of Business Mailing Address

40022226

			15575 SW 17 ST DAVIE, FL 33326								
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2. Principal Place of Business - No P.O. Box # 3.		3. N	3. Mailing Address								
Suite, Apt. #, etc.		s	Suite, Apt. #, etc.			03212008	Chg-P	CR2E0	34 (12/06)		
City & State		-	City & State		4. FEI Numb		<del></del> .	Ap	plied For		
Zip	Zip Country		Z	Zip Country		ntry	65-093			No. <b>8.75</b> Add	t Applicable
		-4 Da -1-4				Certificate of Status Desired					
Name and Address of Current Registered Agent					Name	7. Name an	d Address of New R	Registered A	gent		
UMBERT, ANGEL					Street Add	franc (B.O. Bay Numb	or is Net Associable	-\			
15575 SW FORT LAU		E, FL 33326 -	_			Street Address (P.O. Box Number is Not Acceptable)					
										<u> </u>	
					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.											
SIGNATORE		or printed name of registered age	ent and title if	applicable. (NOTI	E: Registere	ed Agent signature	required when reinstating)		DATE		
EII	E NOWIII	FEE IS \$150.00		9. Election Campai	ign Finar	ncina	\$5.00 May Be			•	
		8 Fee will be \$550	0.00	Trust Fund Cont			Added to Fees				
10.	OFFICERS AND DIRECTORS			11.		ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE	P	ANGE		☐ Delete	TITL	ł.				☐ Change	☐ Addition
NAME STREET ADDRESS	UMBERT, ANGEL   15575 SW 17 ST			NAM STRE	EET ADDRESS						
CITY-ST-ZIP				1	-ST-ZIP						
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NAME OTRES ADDRESS				NAM							
Street address   City-St-Zip				STREET ADDRESS CITY-ST-ZIP							
TITLE				☐ Delete	TITL			,,,,,,,	*	☐ Change	☐ Addition
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Increay certify that the information supplied with this filling 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 required 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: