2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 07, 2008 08:00 A Secretary of State DOCUMENT # P9900060840 REJOICE MUSIC CORP. Principal Place of Business Mailing Address 13079 S.W. 133RD COURT 13079 S.W. 133RD COURT MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0931831 Not Applicable Zip Country Ζ:p Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo LOPEZ, FRANK Street Address (P.O. Box Number is Not Acceptable) 13079 S.W. 133RD COURT **MIAMI FL 33186** City Zio 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 . Signature, typed or printed same of rog stered opent and sits it amplicable. SNOTE: Registered Agent signature required when reinstatings DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition LOPEZ, FRANK NAME NAME U00000850512 STREFT ADDRESS 13079 S.W. 133RD COURT STREET ADDRESS 03/25/08-80001-011 150.00 CITY-ST-7IP MIAMI FL 33186 CITY-ST-2JP **VPS** TITLE ☐ Delete Change ☐ Addition NAME BENITO, CAROL NAME 11120 SW 75 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156 CITY ST-ZIP TITLE ☐ Derete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP THE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIF TITLE Deiele TITLE ☐ Change Addition MAM: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-70 12. Thereby certify that the information supplied with his filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplier antial 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 truster that the information of the corporation or the receiver or truster than the information of the corporation or the receiver or truster than an officer or director of the corporation or the receiver or truster than an officer or director of the corporation or the receiver or truster than an officer or director of the corporation or the receiver or truster than an officer or director of the corporation or the receiver or truster than an officer or director of the corporation or the receiver or truster than an officer or director of the corporation or the receiver or truster than an officer or director of the corporation or the receiver or truster than an officer or director of the corporation or the receiver or truster than an officer or director of the corporation or the receiver or truster than an officer or director of the corporation or the receiver or truster than an officer or director of the corporation or the receiver or truster than an officer or director of the corporation or the receiver or truster than an officer or director of the corporation or the receiver or truster than an officer or director of the corporation or the receiver or truster than an officer or director of the corporation or the receiver or truster than an officer or director of the corporation or the receiver or truster than a corporation or the receiver of the corporation of the corpor

SIGNATURE: MUDICIPAL CAROL BENITO 3/4/2

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/2008 605)253-01

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