

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000069513

1. Entity Name
CARIDAD MUSIC CORPORATION



FILED
Apr 23, 2004 08:00 AM
Secretary of State

Principal Place of Business
6500 SW 185TH WAY
FORT LAUDERDALE, FL 33332

Mailing Address
6500 SW 185TH WAY
FORT LAUDERDALE, FL 33332



04062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0938233

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEDRE, JOHN A
6500 SW 185TH WAY
FORT LAUDERDALE, FL 33332

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000127897

04/25/04-30015-022 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PEDRE, JOHN A
STREET ADDRESS	6500 SW 185TH WAY
CITY - ST - ZIP	FORT LAUDERDALE, FL 333321431
TITLE	VP
NAME	PEDRE, JOHN R
STREET ADDRESS	6500 SW 185TH WAY
CITY - ST - ZIP	FORT LAUDERDALE, FL 333321431
TITLE	S
NAME	PEDRE, CATHERINE
STREET ADDRESS	6500 SW 185TH WAY
CITY - ST - ZIP	FORT LAUDERDALE, FL 333321431
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *John A. Pedre* JOHN A. PEDRE 4/21/04 954-434-7328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #