


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000069513
1. Entity Name
CARIDAD MUSIC CORPORATION



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



04202005 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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	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	

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04/25/05-80057-012 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 employees.

SIGNATURE: JOHN A. PEDRE *John A. Pedre* 4/21/05 954-434-7328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #