2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000069513

1. Entity Name
CARIDAD MUSIC CORPORATION

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

DO NOT WRITE IN THIS SPACE

04072006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0938233		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 _____

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

| FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/06-80186-021 158.75

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12. I hereby certify that the information supplied with this filing 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 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   4/11/06   954-434-1328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #