## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Apr 26, 2007 08:00 AM Secretary of State DOCUMENT # P99000069513 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 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (10/06) 1st MOORE City & State Applied For City & State 4. FEI Number 65-0938233 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desirod 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEDRE, JOHN A 6500 SW 185TH WAY Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33332 City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIILE Delete 31111 ☐ Change ■ Addition PEDRE, JOHN A NAME NAME 6500 SW 185TH WAY STREET ADDRESS STREET ADDRESS U00000734859 FORT LAUDERDALE FL 33332-1431 CITY - ST-ZIP CITY-SI-ZIP 05710707<u>-8000</u>9 THE Delete THE PEDRE, JOHN R NAME NAME 6500 SW 185TH WAY STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33332-1431 CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change Addition PEDRE, CATHERINE NAME 6500 SW 185TH WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33332-1431 CITY-ST-ZIP THUE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STRLET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-71P CITY-ST-7IP TITLE Defete TOTLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: CATHERINE PEDRE Catherine Pedre 4/24/01 954-434-1328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR