

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 MAY 11 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000070245

1. Corporation Name

MUSICALIZANDO CORPORATION

Principal Place of Business

Mailing Address

7098 BONITA DRIVE  
MIAMI BEACH, FL 33141

7098 BONITA DRIVE  
MIAMI BEACH, FL 33141

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 14249 NW 23RD STREET

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

PEMBROKE PINES, FL

28 City & State

29 City & State

24 Zip

33028

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

08-02-99

4. FEI Number

65-0955440

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ANTHONY L. TRULLENQUE ESQ.  
7098 BONITA DRIVE  
MIAMI BEACH, FL 33141

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

8000004342408--6

-06/05/01--01094--014

\*\*\*\*150.75 \*\*\*\*150.00

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME RAUL ROSERO POLO  
STREET ADDRESS TRANSVERSAL 14, # 119-64, APT.#102  
CITY-ST-ZIP BOGOTA, COLOMBIA

TITLE VD ☐ DELETE  
NAME AURA E. PEREZ  
STREET ADDRESS TRANSVERSAL 14, # 119-64, APT. # 102  
CITY-ST-ZIP BOGOTA, COLOMBIA

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME HAROL RAUL ROSERO  
1.3 STREET ADDRESS 14249 NW 23RD STREET  
1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33028

2.1 TITLE VD ☒ Change ☐ Addition  
2.2 NAME AURA E. PEREZ  
2.3 STREET ADDRESS 14249 NW 23RD STREET  
2.4 CITY-ST-ZIP PEMBROKE PINES, FL 33028

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

SP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-30-01 1307 862-536