

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90088 001 \*\*\*150.00  
08-02-2005 90088 002 \*\*\*\*\*8.75

**66025374**



07152005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P99000071466</b>					
1. Entity Name GREAT MASTER'S ACADEMY OF MUSIC, INC.					
Principal Place of Business 5499 SW 82ND AVE. DAVIE, FL 33328			Mailing Address PO BOX 5318 HOLLYWOOD, FL 33083		
2. Principal Place of Business <i>add-on</i>			3. Mailing Address <i>- do -</i>		
Suite, Apt. #, etc. 4700 SW 130 <sup>th</sup> AVE			Suite, Apt. #, etc.		
City & State SUNSHINE RANCHES			City & State		
Zip 33330	Country USA	Zip	Country	4. FEI Number 65-0872150	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MARRAPODI-BOVE, ANTONIETTA R 5499 SW 82ND AVE. DAVIE, FL 33328			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>A. ROSINA MARRAPODI-BOVE</i> DATE <i>28 July 05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARRAPODI-BOVE, FRANCESCO 5499 SW 82ND AVE. DAVIE, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT MARRAPODI-BOVE, ROSINA 5499 SW 82ND AVE. DAVIE, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 <i>[Signature]</i>			Date <i>28 July 05</i> Daytime Phone # <i>754-246-3412</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



ATTACHMENT  
06025374

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 15, 2005

GREAT MASTER'S ACADEMY OF MUSIC, INC.  
PO BOX 5318  
HOLLYWOOD, FL 33083

SUBJECT: GREAT MASTER'S ACADEMY OF MUSIC, INC.  
Ref. Number: P99000071466

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner  
Senior Section Administrator

Letter Number: 505A00046797

*I'm sorry I don't understand -  
I hope I did it right this time.*

ATTACHMENT

4 P99000071466  
66025374

Mrs. Rosina Marrapodi-Bové  
P. O. Box 5318  
Hollywood, Fl. 33083

Tel: 754-246-3412

Fax: 954-434-6154

talentededucation@earthlink.net

30<sup>th</sup> June 2005

Internal Revenue Service  
Memphis, TN 37501-0030

Division of Corporations  
Annual Report Section  
P. O. Box 6850  
Tallahassee, Fl. 32314

Dear Sirs,

Re: FEI #65-0872150

Please be advised that as of today's date, I yet to receive my Annual Report. Kindly Mail me a duplicate card or notice, as I do not wish to incur a late fee. I have already contact the postal service, because I have received damaged and scrunched mail and important documents/bonds. They have acknowledged that there have been errors with some mail which have been scrunched by the machine; but were not able to help me further. The Post Office advised me to contact any conglomerate, individual or entity from whom I was expecting mail to re-issue said.

Your assistance is greatly appreciated, and with sincere apologies for the delay.

Sincerely,

  
Rosina Marrapodi-Bové