

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S16761

1. Entity Name
TURI'S MUSIC ENTERPRISES, INC.



FILED

JUN -9 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
103 WESTWARD DR
MIAMI SPRINGS, FL 33166 US

Mailing Address
103 WESTWARD DR
MIAMI SPRINGS, FL 33166 US

2. Principal Place of Business
801 BRIDGELL BAY
Suite, Apt. #, etc.
870

3. Mailing Address
4706 Grenada
Suite, Apt. #, etc.

City & State
Miami

City & State
Coral Gables FL

Zip
33131

Country

Zip
33146

Country



05152006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0250410

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANDOVAL, CARMEN M.
103 WESTWARD DR
MIAMI SPRINGS, FL 33166

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SANDOVAL, ARTURO
STREET ADDRESS 4706 GRENADA BLVD.
CITY-ST-ZIP CORAL GABLES, FL 33146 ☐ Delete

TITLE SD
NAME SANDOVAL, CARMEN M.
STREET ADDRESS 4706 GRENADA BLVD.
CITY-ST-ZIP CORAL GABLES, FL 33146 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
500076389715
06/20/06--01051--001 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
206/13

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/06

305-798 7274

Date

Daytime Phone #