## 2007 FOR PROFIT CORPORATION

FILED Apr 19, 2007 08:00 A Secretary of State

ANNUAL REPORT								
DOCUMENT # 1. Entity Name ESTEFAN MUSIC PO								
Principal Place of Business 420 JEFFERSON AVENUE MIAMI BEACH, FL 33139	US	Mailing Address 420 JEFFERSON AVENUE MIAMI BEACH, FL 33139	us					

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420 JEFFERS	e of Business SON AVENUE H, FL 33139 US	Mailing Address 420 JEFFERSON AVENUE MIAMI BEACH, FL 33139 L	JS			
DO NOT WRITE IN THIS SPACE			01082007 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For			
			,	65-0260250  5. Certificate of Status Desi		75 Additional Required
······································	6. Name and Address of Current Re	gistered Agent		. *		,
	ATE REGISTERED AGENT COR KELL AVE., STE. 3000 . 33131	PORATION		DO NOT		
the obligat	named entity submits this statement for thions of registered agent.	ne purpose of changing its register	I. ed office or register	ed agent, or both, in the State	of Florida. I am famil	iar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Registere	id Agent signature required	when reinstating)	DATE	
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution.		.00 May Be ed to Fees		
10.	OFFICERS AND DI	RECTORS	T	<del></del>	?	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ESTEFAN, EMILIO JR 420 JEFFERSON AVENUE MIAMI BEACH, FL 33139		,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD ESTEFAN, GLORIA M 420 JEFFERSON AVENUE MIAMI BEACH, FL 33139	, <del></del>	,   	* 04/	U0000071759 30/07-80059	95 5-002 150.01
TITLE NAME STREET ADDRESS CITY-SI-ZIP	P AMADEO, FRANK 420 JEFFERSON AVENUE MIAMI BEACH, FL 33139			DO NOT	WRITE	. т
TITLE NAME STREET ADDRESS CITY+ST-ZIP			-	* IN THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
INTLE NAME STREET ADDRESS CITY-ST-ZIP			, a 1 — G			

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 of 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 retainer 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.

SIGNATU菜色

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #