2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 09, 2004 08:00 AM **DOCUMENT # S62102 Secretary of State** 1. Entity Name THE SOUND DEPT., INC. Principal Place of Business Mailing Address 8101 NW 185TH ST 8101 NW 185TH ST HIALEAH, FL 33015 HIALEAH, FL 33015 No Chg-P CR2E034 (10/03) 01062004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0276044 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOPEZ, ENRIQUE H. DO NOT WRITE 8101 NW 185TH ST HIALEAH, FL 33015 IN THIS SPACE 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. (NOTE. Registered Agent signsture required when reinstaking) Signature, typod or printed name of registered agent and title if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LOPEZ, ENRIQUE H MASSE STREET ADDRESS 8101 NW 185TH ST CITY-ST-ZIP HIALEAH, FL U000000000887 TITLE 01/09/04-80019-009 150.00 NAME STREET ADDRESS CITY-ST-ZP TIRE NAME STREET ADDRESS DO NOT WRITE CTTY-ST-ZIP IN THIS SPACE ११३३ € STREET ADDRESS CTY-ST-ZP MLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing coes not qualify for the exemption stated in Section 119.07(3)(1). 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 oalt; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 907, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addless, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

IGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/6/04

305-822-47-76

FILED