2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # S62710

1. Entity Name
EUROPE'S GREATEST MUSIC CORP.

Principal Place of Business	Mailing Address
P.O. BOX 810486 BOCA RATON, FL 33481	P.O. BOX 810486 BOCA RATON, FL 33481

04132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0368779 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SCHLAKS, STEPHEN
10640 PEBBLE COVE LN
BOCA RATON, FL 33498

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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 $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTDC
NAME	SCHLAKS, STEPHEN
STREET ADDRESS	10621 PEBBLE COVE LANE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	S
NAME	SCHLAKS, STEPHEN
STREET ADDRESS	10621 PEBBLE COVE LANE
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
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CITY-ST-ZIP	

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05/02/06-80137-016 150.00

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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: _____ STEPHEN SCHLAKS P/T/D/C/S 04/17/06 (561)451-0876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #