


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90432 006 ***150.00

DOCUMENT # P01000082214

1. Entity Name
PILOTO MUSIC PUBLISHER, CORP.



Principal Place of Business Mailing Address

~~12500 SW 22 TERR~~ ~~12500 SW 22 TERR~~
~~MIAMI, FL 33175~~ ~~MIAMI, FL 33175~~

2. Principal Place of Business 3. Mailing Address


1201 CORAL WAY **1201 CORAL WAY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

CORAL GABLES, FL **CORAL GABLES, FL**

Zip Country Zip Country

33134 **U.S.A.** **33134** **U.S.A.**



04272004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-1130987 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

GAVIRIA, JORGE
9769 S DIXIE HWY NO 101
MIAMI, FL 33156

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PILOTO, JORGE LUIS 12500 SW 22 TERR MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1201 CORAL WAY CORAL GABLES, FLORIDA 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUZMAN, ZORAIDA M 12500 SW 22 TERR MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1201 CORAL WAY CORAL GABLES, FLORIDA 33134
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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
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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: _____ **04/27/04** **(305) 445-5909**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #