



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2005 08:00 AM
Secretary of State

DOCUMENT # M56615 1. Entity Name DISCUBA RECORDS DISTRIBUTOR, CORP.	
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Principal Place of Business 550 WEST 84TH ST. HIALEAH, FL 33014	Mailing Address 550 WEST 84TH ST. HIALEAH, FL 33014
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DO NOT WRITE IN THIS SPACE

	
01132005	No Chg-P CR2E034 (10/03)
4. FEI Number 65-0054746	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, CARLOS O
550 WEST 84TH ST.
HIALEAH, FL 33014

**DO NOT WRITE
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SAIZ, ARTURO J 1137 ABBOTT BLVD FT LEE, NJ 07024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, CARLOS O. 550 WEST 84TH ST. HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VARONA, HECTOR J 1019 PALISADE AVE FT LEE, NJ 07024
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03/01/05-80029-008 150.00

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:  **Arturo J. Saiz, Secretary** 2/25/05 201-866-5188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #