


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M56615**  
1. Entity Name  
**DISCUBA RECORDS DISTRIBUTOR, CORP.**



Principal Place of Business      Mailing Address  
**550 WEST 84TH ST.  
HIALEAH, FL 33014**      **550 WEST 84TH ST.  
HIALEAH, FL 33014**

**DO NOT WRITE IN THIS SPACE**



01182006    No Chg-P    CR2E034 (11/05)

4. FEI Number  
**65-0054746**      Applied For  
Not Applicable

5. Certificate of Status Desired        **\$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 \_\_\_\_\_

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

U00000439324  
03/01/06-80042-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Arturo J. Saiz      **Arturo J. Saiz, Secretary 2/15/06 201-866-5188**  
Date      Oaytime Phone #