2004 FOR PROFIT CORPORATION' ANNUAL REPORT

FILED Jun 21, 2004 08:00 AM Secretary of State

		AIIIIOAL	- 12	CFORI			•	Juii 41, 4	7004 00.0C	AIVI
DOCUMENT # P97000025661 1. Entity Name DOMINICAN RECORD SHOP, INC.								Secre	tary of Sta	te
Principal Place of Business				Mailing Address						
801 S. DIXIE HIGHWAY			80	801 S. DIXIE HIGHWAY						
#813				#813						
POMPANO BEACH, FL 33060				POMPANO BEACH, FL 33060						
<u> </u>										
2. Principal Place of Business			3. Mailing Address							
			0.22							
Suite, Apt. #, etc			Suite, Apt #, etc.			03182003	Chg-P	CR2E034 (10/03)		
City & State			City & State				4. FEI Numb			oplied For
ony a clare							65-073		 	ot Applicable
Zip	Zip Country		Zip Cou		Cour	ntry	5. Certificate of Status Desired \$8.75 Additional			
							5. Certificate	of Status Desired	Fee Require	
Name and Address of Current I				ered Agent	7. Name and Address of New Registered Agent					
						Name				
ZAMORANO, MIRIAM L					Street Address (P.O. Box Number is Not Appoptable)					
801 S. DIXIE HIGHWAY #813 POMPANO BEACH, FL 33060						otics: Address (1.6. box Administrative Appendix)				
TOWN AND BEACH, TE 30000										
						City	·················		Zip Coo	۱۵
						City			FL Zip Cod	
		y submits this statement fo	or the p	urpose of changing its	register	ed office or regis	stered agent, or bo	th, in the State of FI	orida 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 rematching) DATE										
			<u> </u>				· · · · · · · · · · · · · · · · · · ·			
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Final Pure by Sentember 8, 2004 Trust Fund Contribution.							5.00 May Be added to Fees	In accordance	with s. 607.193(2)(b), not receive the prior	F.S., the
D	ue by Sep	tember 8, 2004		ridaci dila conc	nipation.	_ ^	acced to 1 ees	Corporation did	not receive are prior	ionce.
10.		OFFICERS AND	DIREC	TORS	11.		ADDITIONS,	CHANGES TO OFF	FICERS AND DIRECTOR	S IN 11
TITLE	PSD	Delete	THE				☐ Change	☐ Addition		
NAME	ZAMORA	NO, MIRIAM L		NAM		E .		U00Q(00162780 4-80003-004 1	
STREET ADDRESS		XIE HIGHWAY				IFT ADDRESS		06/21/04	4-80003-004 1	50.00
CHY-SI-ZIP	POMPAN	O BCH, FL 33060				-\$1-ZIP			·····	
TITLE	☐ Delete					F			Change	Addition
NAME					NAM			Unnnr	10162780	
STREET ADDRESS CITY-ST-ZIP						CT ADDRESS -ST-ZIP		U00000162780 06/21/04-80003-005 8.75		
				_				· · · · · · · · · · · · · · · · · · ·		
TITLE	☐ Dolute								Change	Addition
NAME STREET ADDRESS					NAM	ET ADDRESS				į
CITY-ST-ZIP						-SI-ZIP				
					rm.				Change	Addition
TITLE NAME	,			☐ Đerutc	NAM				[; Giterity	Addition
STREET ADDRESS						ET ADDRESS				
CITY-SI-ZIP					CHY	-SI-ZIP				
TITLE				☐ Delete	TITLE	:	······································		☐ Change	Addition
NAM <u>E</u>					NAM	Ł			_ `	
STREET ADDRESS					STRE	ET ADDRESS				
CITY-ST-ZIP					CILA	-ST-ZIP				
TITLE				☐ Delete	TITLE				☐ Change	Addition
NAME	NAM					E			_ ·	
STREET ADDRESS						ET ADDRESS				
CHY-\$I-ÆP					CITY	- \$1 - ZIP				
12. Thereby 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 eath, that I am an officer or director of the corporation or the reserver 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 atta	achment with an address,	with all	other like empowered.	•					
CICNAT	TIDE.	Lited ha		9100-			6	-/6-0	4	
SIGNATURE: JUDINO WOLLD SIGNAY RE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone Y										