2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 18, 2007 8:00 am **Secretary of State DOCUMENT # 452005** 1. Entity Name 01-18-2007 90102 046 ***150.00 RICKY'S RECORDS. INC. Principal Place of Business Mailing Address **4040 PALM AVENUE 4040 PALM AVENUE** HIALEAH, FL 33012 HIALEAH, FL 33012 01112007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1566664 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DIAZ, JORGE DO NOT WRITE 14501 SW 33 CT MIRAMAR, FL 33027 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 Signature, typed or printed name of registered agent and title 1 applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PT TITLE DIAZ, JORGE F. NAME STREET ADDRESS 14501 SW 33 CT CITY-ST-ZIP MIRAMAR, FL 33027 TITLE NAME DIAZ. MANUEL STREET ADDRESS 1932 SW 162 AVENUE CITY-ST-ZIP MIRAMAR, FL 33027 TITLE DIAZ, RICHARDO NAME STREET ADDRESS 15763 SW 102 ST DO NOT WRITE CTTY-ST-ZIP MIAMI, FL 33196 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

> Marien SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN OFFICER OR DIRECTOR

MANUEL C. DIAZ 1-16-07

FILED