2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 15, 2008 8:00 am Secretary of State

DOCUMENT # 666423 1. Entity Name THE CAVE RECORDS AND TAPES, INC.				02-15-2008	3 90013 018 ***1	50.00	
Principal Place of Business	Mailing Address						
4068 W, 12 AVENUE	4068 W. 12 AVENUE						
HIALEAH, FL 33012-4106	HIALEAH, FL 33012-4	106					
2. Principal Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01242008	Chg-P	CR2E034 (12/06)	
City & State	City & State		4. FEI Numb 59-201			Applied For	
Zip* Country	Zip	Country		of Status Desired	\$8.75 Ac	dditional	
6. Name and Address of Current	Registered Agent		7. Name and	Address of New F			
			1				
ANTONIO MORENO 4068 W. 12 AVE.		Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
HIALEAH, FL 33010							
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# # # # # # # # # # # # # # # # # # #		City			FL Zip Co	de	
 The above named entity submits this statement fithe obligations of registered agent. 	or the purpose of changing its	registered office or	registered agent, or be	oth, in the State of Fl	lorida. I am familiar with	n, and accept	
SIGNATURE							
Signature, typed or printed name of registered agen	and title if applicable. (NOT	E: Registered Agent signatu	re required when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.	9. Election Campa Trust Fund Conf		\$5.00 May Be Added to Fees				
10. OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	11.	ADDITIONS	/CHANGES TO OF	FICERS AND DIRECTO		
NAME GARCIA, ELMO	Delete	TITLE NAME	PRES	MOREN	☐ Change	Addition	
STREET ADDRESS 1150 W. 28 ST.		STREET ADDRESS	JORGO A	12 AVE	2		
CITY ST ZIP HIALEAH, FL		CITY - S1 - ZIP	HIALEAK	FL3	3012-416	6	
TITLE D	☐ Delete	TITLE			☐ Change	Addition	
NAME GARCIA, JOSEFINA		NAME					
STREET ADDRESS 1150 W. 28 ST. CITY-S1-ZIP HIALEAH, FL		STREET ADDRESS CITY-S1-ZIP					
THE CONTRACTOR OF THE CONTRACT	☐ Defete	TITLE			Change	Addition	
NAME	Boote	NAME					
STREET ADDRESS		STREET ADDRESS					
City · St - ZiP		CITY-\$1-ZIP					
NAME	☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	☐ Delete	TITLE			Change	☐ Addition	
NAME CARREY ADDRESS		NAME	1				
STREET ADDRESS							
CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP					
	∏ ∩elata	STREET ADDRESS CITY-ST-ZIP		——————————————————————————————————————	☐ Channe	: Addition	
CITY-ST-ZIP TITLE NAME	☐ Delete	STREET ADDRESS			☐ Change	e 🔲 Addilion	
TITLE	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	e 🔲 Addilion	

indicated on this report or supplied with first liting does not quality for the exemptions contained in Chapter 119. Horica Statules, 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 Statules; 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:

PATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daylima Phone #