

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90394 048 \*\*\*150.00

**DOCUMENT # F02000004121**

1. Entity Name

PROTEL RECORDS, INC.



Principal Place of Business

10544 NW 26 ST., SUITE 104 E  
MIAMI FL 33172

Mailing Address

10544 NW 26 ST., SUITE 104 E  
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0531216

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARBOSA DA SILVA, RAPHAEL  
10544 NW 26 ST., SUITE 104 E  
MIAMI FL 33172

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C ☐ Delete  
NAME JACOBS, MARK  
STREET ADDRESS 383 MAIN AVENUE, MERRITVIEW, PH  
CITY-ST-ZIP NORWALK CT 06851

TITLE ☐ Delete  
NAME BREIL, GIORA W  
STREET ADDRESS 10544 NW 26 ST., SUITE 104 E  
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ Delete  
NAME D LIVINGSTON, G.S. III  
STREET ADDRESS 10544 NW 26 ST., SUITE 104 E  
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ Delete  
NAME D GOOD, DAVID  
STREET ADDRESS 383 MAIN AVENUE, MERRITVIEW, PH  
CITY-ST-ZIP NORWALK CT 06851

TITLE ☐ Delete  
NAME D GILLIS, BRUCE  
STREET ADDRESS 331 AUBREY ROAD  
CITY-ST-ZIP WYNEWOOD PA 19096

TITLE ☐ Delete  
NAME V BARBOSA DA SILVA, RAPHAEL C  
STREET ADDRESS 10544 NW 26 ST., SUITE 104 E  
CITY-ST-ZIP MIAMI FL 33172

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Raphael C. Barbosa da Silva*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAPHAEL C BARBOSA DA SILVA

4-14-04

305-599-2011

Date

Daytime Phone #