2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# F02000004121

Entity Name: PROTEL RECORDS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0531216 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BREIL, GIORA W DPS
10544 NW 26 ST., SUITE 104 E
MIAMI, FL 33172 US

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.

SIGNATURE: GIORA W BREIL 04/25/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: JACOBS, MARK
Address: 383 MAIN AVENUE, MERRITTVIEW, PH
City-St-Zip: NORWALK, CT 06851

Title: DPS ( ) Delete
Name: BREIL, GIORA W
Address: 10544 NW 26 ST., SUITE 104 E
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete
Name: LIVINGSTON, G.S. III
Address: 10544 NW 26 ST., SUITE 104 E
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete
Name: GOOD, DAVID
Address: 383 MAIN AVENUE, MERRITTVIEW, PH
City-St-Zip: NORWALK, CT 06851

Title: D ( ) Delete
Name: GILLIS, BRUCE
Address: 331 AUBREY ROAD
City-St-Zip: WYNNEWOOD, PA 19096

Title: V ( ) Delete
Name: BARBOSA DA SILVA, RAPHAEL C
Address: 10544 NW 26 ST., SUITE 104 E
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GIORA W BREIL DPS 04/25/2005
Electronic Signature of Signing Officer or Director Date