2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000063386

6160 S. MAGNOLIA AVE

OCALA, FL 34474

Address:

City-St-Zip:

Entity Name: YAHWEH RECORDS INCORPORATED

FILED May 01, 2004 Secretary of State

Entity Nar	ne: YAHVV	EH RECORDS INCORPOR	KATED					
Current Principal Place of Business:				New Principal Place of Business:				
3101 S.W. PMB 257 OCALA, FI		IUE, SUITE 905						
Current Mailing Address:				New Mailing Address:				
3101 S.W. PMB 257 OCALA, FI		IUE, SUITE 905						
FEI Number:	50-0003730	FEI Number Applied For) FEI Nur	nber Not Appl	icable ()	Certificate of S	Status Desired (X)	
Name and	Address o	f Current Registered Age	nt:	Name and Address of New Registered Agent:				
SZIKLAI, P 1301 N.E. OCALA, FI	14TH STRE	ET, STE. 4 US		SZIKLAI, PETER J P.A. ATTORNEY AT LAW 537 N.E. 8TH AVE. OCALA, FL 34470 US				
	named entit of Florida.	y submits this statement fo	r the purpose o	of changing i	ts registere	d office or registe	ered agent, or both,	
SIGNATUR	RE: PETER	: J SZIKLAI PA		05/01/2004				
	Electr	onic Signature of Register	ed Agent			Date		
		193(2)(b), F.S., the corporatior ing Trust Fund Contribution (he prior notic	e.			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	MYERS, MIC	4TH AVE., SUITE 905, PMB 257		Title: Name: Address: City-St-Zip:		() Change () Ado	dition	
Title: Name: Address: City-St-Zip:	SZIKLAI, PE	STREET, SUITE 4		Title: Name: Address: City-St-Zip:	LC SZIKLAI, PE 537 N.E. 8TI OCALA, FL	H AVE	dition	
Title: Name: Address: City-St-Zip:	YAHWEH, L	AVE., SUITE 905 PMB 257		Title: Name: Address: City-St-Zip:		() Change () Add	dition	
Title: Name:	S HACKETT, M	()Delete IARY A		Title: Name:		() Change () Add	dition	

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.

Address:

City-St-Zip:

SIGNATURE: MICHAEL B. MYERS DACE 05/01/2004