

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 28, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P00000113303</b>	
1. Entity Name <b>LUMINOUS HEIGHTS RECORDS, INC.</b>	
Principal Place of Business <b>395 NW 177 ST STE #242 MIAMI, FL 33169</b>	Mailing Address <b>395 NW 177 ST STE #242 MIAMI, FL 33169</b>



04252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1075209</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**BAIN, KAREAM L  
395 NW 177 ST STE #242  
MIAMI, FL 33169**

**DO NOT WRITE  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO BAIN, KAREAM L 395 NW 177 ST STE #242 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BAIN, KAREAM L 395 NW 177 ST STE #242 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MUHAMMAD, AKBAR 2400 SOUTH PARK RD APT #216 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000339507  
04/28/05-80080-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: KAREAM L. BAIN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/05 786 859-2  
Daytime Phone #