

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000060288

FILED
May 02, 2005
Secretary of State

Entity Name: MISSING LINK RECORDS INCORPORATED

Current Principal Place of Business:

1401 NW 65 STREET
MIAMI, FL 33147

New Principal Place of Business:

P.O. BOX 010348
MIAMI, FL 33147

Current Mailing Address:

1401 NW 65 STREET
MIAMI, FL 33147

New Mailing Address:

P.O. BOX 010348
MIAMI, FL 33147

FEI Number: 65-1085428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILCETTE, EVENS
1401 NW 65 STREET
MIAMI, FL 33147 US

Name and Address of New Registered Agent:

MILCETTE, EVENS
7421 NW MIAMI PLACE
MIAMI, FL 33150 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:

05/02/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MILCETTE, EVENS
Address: PO BOX 010349
City-St-Zip: MIAMI, FL 33101

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDTS (X) Change () Addition
Name: MILCETTE, EVENS
Address: P.O. BOX 010348
City-St-Zip: MIAMI, FL 33101

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: EVENS MILCETTE

PDTS

05/02/2005

Electronic Signature of Signing Officer or Director

Date