


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90059 001 \*\*\*450.00

<b>DOCUMENT # P02000007059</b> 1. Entity Name <b>SLR RECORDS, INC.</b>					
Principal Place of Business <b>6334 FOSTER ST. STE. 100 N PALM BCH, FL 33408</b>			Mailing Address <b>P.O. BOX 33118 WEST PALM BEACH, FL 33420</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Jupiter, FLA.</b>		City & State <b>Palm Beach Gardens, FL</b>		4. FEI Number <b>04-3679325</b>	
Zip <b>33458</b>		Country <b>USA</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33420</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ROBBINS, STEVEN L ESQ. 6334 FOSTER ST. STE. 100 JUPITER, FL 33458</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP ROBBINS, STEVEN L ESQ. 6334 FOSTER ST., STE. 100 JUPITER, FL 33458</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE: <i>Steven L. Robbins, Pres.</i> 1/25/05 561-329-4492</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

**66000754**



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