


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000014499**

1. Entity Name  
 TOMAR RECORDS, INC.



Principal Place of Business      Mailing Address

5825 SW 131ST TERRACE      5825 SW 131ST TERRACE  
 MIAMI, FL 33156      MIAMI, FL 33156

**DO NOT WRITE IN THIS SPACE**



01082005    No Chg-P    CR2E034 (10/03)

4. FEI Number 65-2988952	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WOLFE, RICHARD C ESQ.  
 C/O PATHMAN LEWIS LLP  
 TWO SOUTH BISCAYNE BLVD., SUITE 2400  
 MIAMI, FL 33131

**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 \_\_\_\_\_  
(Signatures, typed or printed name of registered agent and the filer, as applicable) (NOTE: Registered Agents provide signature when registering)

**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	PD VITIELLO, MARCO N 5825SW 131ST TERRACE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD PIEDRA, ANTONIO 10290 NW 9TH STREET CIRCLE, APT. 10B MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/27/05-80001-017 150.00

**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:** \_\_\_\_\_ **1/10/05** **305-665-3411**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day, Time / Phone #