

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90001 012 \*\*\*150.00

**DOCUMENT # P02000032455**

1. Entity Name

POLY RECORDS DISTRIBUTIONS INC.



Principal Place of Business

547 EAGLE POINTE S.  
KISSIMMEE, FL 34746-6031

Mailing Address

547 EAGLE POINTE S.  
KISSIMMEE, FL 34746-6031

**DO NOT WRITE IN THIS SPACE**



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number

02-0585538

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

AVONCE, APOLINAR  
547 EAGLE POINTE S.  
KISSIMMEE, FL 34746-6031

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AVONCE, APOLINAR
STREET ADDRESS	547 EAGLE POINTE S.
CITY-ST-ZIP	KISSIMMEE, FL 347466031
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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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)(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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-30-04

*Attachment*

54059789

POLY RECORDS DISTRIBUTIONS, INC.  
547 Eagle Pointe S.  
Kissimmee, Florida 34746-6031

June 30, 2004

State of Florida  
Department of State  
Division of Corporations  
P.O. Box 6198  
Tallahassee, Florida 32314

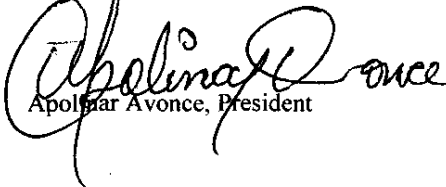
Re: Polyrecords, Inc.  
P02000032455  
UBR Renewal 2004

ATTENTION: Reinstatement Department

Enclosed please find our check in the amount of \$150.00 for the 2004 Corporation renewal as requested by the Division of Corporations per our telephone conversation this morning. As we had mentioned, we did not receive a UBR form in the mail.

Please accept our check and abate the reinstatement penalty amount because we were not aware of the filing requirement. Your attention in this matter is appreciated.

Sincerely,

  
Apolonia Avonce, President