

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000032455

FILED
Mar 02, 2005
Secretary of State

Entity Name: POLY RECORDS DISTRIBUTIONS INC.

Current Principal Place of Business:

547 EAGLE POINTE S.
KISSIMMEE, FL 347466031

New Principal Place of Business:

Current Mailing Address:

547 EAGLE POINTE S.
KISSIMMEE, FL 347466031

New Mailing Address:

547 EAGLE POINTE SOUTH
KISSIMMEE, FL 347466031

FEI Number: 02-0585538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AVONCE, APOLINAR
547 EAGLE POINTE S.
KISSIMMEE, FL 347466031 US

Name and Address of New Registered Agent:

AVONCE, APOLINAR
547 EAGLE POINTE SOUTH
KISSIMMEE, FL 347466031 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: APOLINAR AVONCE

03/02/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AVONCE, APOLINAR
Address: 547 EAGLE POINTE S.
City-St-Zip: KISSIMMEE, FL 347466031

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: AVONCE, APOLINAR
Address: 547 EAGLE POINTE SOUTH
City-St-Zip: KISSIMMEE, FL 347466031

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: APOLINAR AVONCE

PD

03/02/2005

Electronic Signature of Signing Officer or Director

Date