


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90033 015 \*\*\*150.00

**DOCUMENT # P02000060377**

1. Entity Name  
**RECORD INVESTMENT CORP.**




Principal Place of Business  
**19333 COLLINS AVE**  
**APT. 708**  
**SUNNY ISLES, FL 33160**

Mailing Address  
**19333 COLLINS AVE**  
**APT. 708**  
**SUNNY ISLES, FL 33160**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



03262007 Chg-P CR2E034 (12/06)

4. FEI Number  
**33-1026665** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JACQUES, AGHION**  
**19333 COLLINS AVE. #708**  
**SUNNY ISLES, FL 33160**

7. Name and Address of New Registered Agent

Name **REBECA AGHION**

Street Address (P.O. Box Number is Not Acceptable)  
**19333 COLLINS AVE. #708**

City **SUNNY ISLES** FL Zip Code **33160**

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: *Rebeca de Aghion* (NOTE: Registered Agent signature required when reinstating)

DATE: **02-04-2007**

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	AGHION, JACQUES	
STREET ADDRESS	19333 COLLINS AVE., #708	
CITY- ST- ZIP	SUNNY ISLES, FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	AGHION, REBECA	
STREET ADDRESS	19333 COLLINS AVE., #708	
CITY- ST- ZIP	SUNNY ISLES, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Rebeca de Aghion* DATE: **April 2/2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR