


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000078154
 1. Entity Name
 CAPE RECORDS PRODUCTIONS, INC.



Principal Place of Business 5364 SW 125 AVE MIRAMAR, FL 33027	Mailing Address 5364 SW 125 AVE MIRAMAR, FL 33027
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06092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0528284	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MEZA, JUAN J
 5364 SW 125 AVE
 MIRAMAR, FL 33027

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MEZA, JUAN J 5364 SW 125 AVE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MEZA, LISANDRO 5364 SW 125 AVE MIRAMAR, FL 33027
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 06/16/05-80001-005 150.00

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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)(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:  06/10/2005 (986)265-2129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #