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Aug 18, 2005 8:00 am
Secretary of State
08-18-2005 90001 044 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000098658

1. Entity Name
RAT-A-KASTLE RECORDS, INC.

Principal Place of Business	Mailing Address
20401 NW 2ND AVENUE, SUITE 207 MIAMI, FL 33169	20401 NW 2ND AVENUE, SUITE 207 MIAMI, FL 33169

50062157

07252005 No Chg-P CR2E044 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0034810
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESCOFFERY, DELROY
2221 SW 67TH WAY
MIRAMAR, FL 33023

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when not filing)

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	P
NAME	ESCOFFERY, DELROY
STREET ADDRESS	2221 SW 67TH WAY
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	VP
NAME	WILSON, WALLACE
STREET ADDRESS	4380 NW 42ND AVE.
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319
TITLE	D
NAME	ESCOFFREY, DELROY
STREET ADDRESS	2221 SW 67TH AVENUE
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	VD
NAME	WILSON, WALLACE
STREET ADDRESS	4380 NW 42ND AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(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 this 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: X

Name and Title of Individual Authorized to Sign — Date — Daytime Phone #