

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90182 006 ***150.00

DOCUMENT # P02000108418

1. Entity Name
GODNI RECORDS, INC.



Principal Place of Business
**10553 NW 53 STREET
SUNRISE, FL 33351**

Mailing Address
**P.O. BOX 451146
SUNRISE, FL 33345**

50023645



2. Principal Place of Business

3. Mailing Address

10553 NW 53rd ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02162005

Chg-P

CR2E034 (10/03)

City & State

Sunrise Florida

4. FEI Number

50-0007025

Applied For

Not Applicable

Zip

Country

Zip

33351

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**EUGENE, LUNER
P.O. BOX 451146
SUNRISE, FL 33345**

7. Name and Address of New Registered Agent

Name **Vanessa Eugene**
Street Address (P.O. Box Number is Not Acceptable)
10553 NW 53rd Street
City **Sunrise** FL Zip Code **33351**

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DVPS** ☐ Delete
NAME **EUGENE, LUNER**
STREET ADDRESS **P.O. BOX 451146**
CITY - ST - ZIP **SUNRISE, FL 33345**

TITLE **DPT** ☐ Delete
NAME **EUGENE, VANESSA**
STREET ADDRESS **P.O. BOX 451146**
CITY - ST - ZIP **SUNRISE, FL 33345**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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 #

Vanessa Eugene 2/13/05 (931) 578-6738