


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90249 006 \*\*\*150.00

DOCUMENT # P02000126392					
1. Entity Name <b>JAW RECORDS, INC.</b>					
Principal Place of Business <b>11101 SW 172ND TERRACE MIAMI, FL 33157</b>			Mailing Address <b>11101 SW 172ND TERRACE MIAMI, FL 33157</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P.O. Box 3232</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>JACKSONVILLE, FL</b>			
Zip	Country	Zip <b>32206</b>	Country <b>U.S.A</b>	4. FEI Number <b>56-2306254</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04232008    Chg-P    CR2E034 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>WARREN, HARRY A SR</b> <b>11101 SW 172ND TERRACE</b> <b>MIAMI, FL 33157</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<input checked="" type="checkbox"/> <b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>WARREN, HARRY A SR</b> <b>11101 SW 172ND TERRACE</b> <b>MIAMI, FL 33157</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD</b> <b>WARREN, TOMMY T</b> <b>11101 SW 172ND TERRACE</b> <b>MIAMI, FL 33157</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____			04-28-08 _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		