

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90090 004 \*\*\*150.00

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MOORE CR2E034 (11/03)

<b>DOCUMENT # P03000029566</b> 1. Entity Name <b>VAGABOND RECORDS, INC.</b>			
Principal Place of Business <b>484 NE 191 ST. MIAMI FL 33179</b>		Mailing Address <b>484 NE 191 ST. MIAMI FL 33179</b>	
2. Principal Place of Business <b>480 NE 191 ST.</b> Suite, Apt. #, etc.		3. Mailing Address <b>234 Cypress Trace</b> Suite, Apt. #, etc.	
City & State <b>Miami FL</b> Zip <b>33179</b>		City & State <b>Royal Palm Beach FL</b> Zip <b>33411</b>	
4. FEI Number <b>90-0155658</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BRISSON, TONY 484 NE 191 ST. MIAMI FL 33179</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP
	PSD BRISSON, TONY	484 NE 191 ST.	MIAMI FL 33179
	VTD BRISSON, ANDRE	484 NE 191 ST.	MIAMI FL 33179
	D BRISSON, ROODY	484 NE 191 ST.	MIAMI FL 33179
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE	NAME	STREET ADDRESS	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.			
<b>SIGNATURE:</b> <i>[Signature]</i> <b>03/04/04 (305) 305 8119</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			