

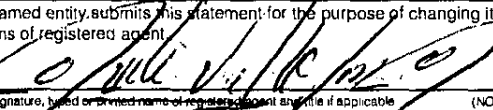
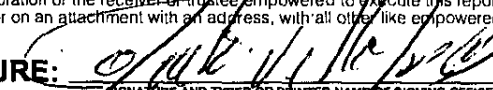


FILED
May 08, 2006 08:00 A
Secretary of State

DOCUMENT # P03000045851				Secretary of State	
1. Entity Name RECORD COMMUNICATIONS, INC.					
Principal Place of Business 2550 NW 72 AVE. STE. 215 MIAMI, FL 33122		Mailing Address P.O. BOX 590948 MIAMI, FL 33159-0948			
DO NOT WRITE IN THIS SPACE					
		05042006 No Chg-P CR2E034 (11/05)			
		4. FEI Number 56-2349007		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				DO NOT WRITE IN THIS SPACE	
TARANTINO, DANIEL R 2550 NW 72 AVE 215 MIAMI, FL 33122					
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: 5/4/06			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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		PVTD			
NAME		VELLOJIN, GUSTAVO			
STREET ADDRESS		2550 NW 72 AVE., STE. 215			
CITY-ST-ZIP		MIAMI, FL 33122			
TITLE		VP			
NAME		BASSI, FELIPE			
STREET ADDRESS		2550 N.W. 72ND AVENUE, STE 215			
CITY-ST-ZIP		MIAMI, FL 33122			
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: 		DATE: 5/4/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			