


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90232 001 ***150.00
05-19-2004 90232 002 *****8.75

| | | |
|--|--|---|
| DOCUMENT # P03000060904 | |  |
| 1. Entity Name CUT THROAT RECORDS, INC. | | |

| | |
|--|--|
| Principal Place of Business 375 N.E. 169 ST. MIAMI, FL 33162 | Mailing Address 375 N.E. 169 ST. MIAMI, FL 33162 |
|--|--|

66422945



| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04282004 Chg-P CR2E034 (10/03)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 06-1701026 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|--|--------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|--|--------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent JASMIN, JEMMY 375 N.E. 169 ST. MIAMI, FL 33162 | |
|---|--|

| | |
|--|----------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JASMIN, JEMMY <input type="checkbox"/> Delete 375 N.E. 169 ST. MIAMI, FL 33162 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JASMIN, JEMMY <input checked="" type="checkbox"/> Delete 375 N.E. 169 ST. MIAMI, FL 33162 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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: Jemmy J. Jasmin 05/11/04 (776) 210-5719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Attachment

Division of Corporations

Annual Report

Page 1

Document Number

03000060904

Business Entity Name

CUT THROAT RECORDS, INC.

FEI Number 061701026

| | | | |
|-------------------------------|-------------|----------------|---------|
| FEI Number Status | Applied For | Not Applicable | Current |
| Certificate of Status Desired | Yes | No | |

Principal Place of Business

Address 375 N.E. 169 ST.

Suite, Apt. #, etc.

City, State MIAMI, FL

Zip Code & Country 33162 US

Mailing Address

Address 375 N.E. 169 ST.

Suite, Apt. #, etc.

City, State MIAMI, FL

Zip Code & Country 33162 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) JASMIN, JEMMY, CEO

-or- RA Business Name CUT THROAT RECORDS, INC.

Address 375 N.E. 169 ST.

Suite, Apt. #, etc.

City, State MIAMI, FL

Zip Code & Country 33162 US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Attachment

66422945



Division of Corporations

Annual Report

Page 2

~~Document Number~~

P03000060904

Business Entity Name

CUT THROAT RECORDS, INC.

| Election Campaign Financing Trust Fund Contribution | Yes | No |
|---|-------|-------|
| _____ | _____ | _____ |

Officer/Director Name And Address

| | | |
|-----------------------------------|------------------|-------|
| Title | D | |
| Name (Last, First, Middle, Title) | JASMIN | JEMMY |
| -or- Entity Name | | |
| Street Address | 375 N.E. 169 ST. | |
| City, State | MIAMI | , FL |
| Zip Code & Country | 33162 | |

| | | |
|-----------------------------------|------------------|-------|
| Title | D | |
| Name (Last, First, Middle, Title) | JASMIN | JEMMY |
| -or- Entity Name | | |
| Street Address | 375 N.E. 169 ST. | |
| City, State | MIAMI | , FL |
| Zip Code & Country | 33162 | |

| | |
|-----------------------------------|---|
| Title | |
| Name (Last, First, Middle, Title) | , |
| -or- Entity Name | |
| Street Address | |
| City, State | , |
| Zip Code & Country | |

Title _____

Name (Last, First, Middle, Title) _____, _____,

-or- Entity Name _____

Street Address _____

Attachment

66422945
#P0300060904

City, State . . . ,

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State ,

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State ,

Zip Code & Country

List more than six Officers/Directors No additional Officers/Directors to list

An individual named above must type their name in the
'Officer/Director Signature' block below. A corporate name is not
allowed in this block.

Title

Officer/Director Signature



Continue Reset

Start Over

Sunbiz Home Page

Public Access Help