

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000060904

FILED  
Feb 21, 2008  
Secretary of State

Entity Name: CUT THROAT RECORDS, INC.

## Current Principal Place of Business:

375 N.E. 169 ST.  
MIAMI, FL 33162

## New Principal Place of Business:

## Current Mailing Address:

375 N.E. 169 ST.  
MIAMI, FL 33162

## New Mailing Address:

P.O. BOX 370710  
MIAMI, FL 33137

FEI Number: 06-1701026

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JASMIN, JEMMY  
375 N.E. 169 ST.  
MIAMI, FL 33162 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: JASMIN, JEMMY  
Address: 375 N.E. 169 ST.  
City-St-Zip: MIAMI, FL 33162

Title: D ( ) Delete  
Name: JASMIN, JOHNNY  
Address: 375 N.E. 169 ST.  
City-St-Zip: MIAMI, FL 33162

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEMMY JASMIN

CEO

02/21/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date