


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**5 Jun 02, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90191 046 \*\*\*150.00

**DOCUMENT # P04000015922**

1. Entity Name  
**B4DN RECORDS, INC.**



Principal Place of Business      Mailing Address

**6801 N.W. 77 AVENUE**      **6801 N.W. 77 AVENUE**  
**SUITE 109**      **SUITE 109**  
**MIAMI, FL 33166**      **MIAMI, FL 33166**

**66020826**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04272005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**36-4647724**      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ECHEANDIA, JOSE R**  
**6801 N.W. 77 AVENUE**  
**STE 109**  
**MIAMI, FL 33166**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> Delete
NAME	ECHEANDIA, JOSE R	
STREET ADDRESS	6801 N.W. 77 AVENUE, SUITE 109	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	JARQUIN, IRIS	
STREET ADDRESS	6801 N.W. 77 AVENUE, SUITE 109	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	<del>VP</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>ESPADA, PELICITA</del>	
STREET ADDRESS	<del>6801 N.W. 77 AVENUE, SUITE 109</del>	
CITY-ST-ZIP	<del>MIAMI, FL 33166</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *[Signature]*      **IRIS JARQUIN**      4/27/05      786-273-005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #