

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90125 002 \*\*\*150.00

**DOCUMENT # P04000017368**

1. Entity Name  
**HAMELIN RECORDS, CORP.**



Principal Place of Business  
P.O. BOX 140217  
CORAL GABLES, FL 33114-0217 US

Mailing Address  
P.O. BOX 140217  
CORAL GABLES, FL 33114-0217 US

**30034249**



04022005 Chg-P CR2E034 (10/03)

4. FEI Number  
**56-2432698**

Applied For  
Not Applied

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

<b>6. Name and Address of Current Registered Agent</b>  LORENTE, RENE 4596 EAST 10TH AVE HIALEAH, FL 33013		<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code	
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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 *[Signature]* **RENE LORENTE** **04/02/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>P</b> <b>LORENTE, RENE</b> <b>4596 EAST 10TH AVE</b> <b>HIALEAH, FL 33013</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>VP</b> <b>SALINAS, ROSA MARIA</b> <b>2143 S.W. 62 AVE</b> <b>MIAMI, FL 33155</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Add

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]* **President Rene Lorente** **04/02/05**