

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000037658

1. Entity Name
RECORDS & THINGS, INC.



Principal Place of Business
**3161 WEST OAKLAND PARK BLVD
OAKLAND PARK, FL 33311**

Mailing Address
**3161 WEST OAKLAND PARK BLVD
OAKLAND PARK, FL 33311**



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0796912

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CHIN-LOY, ALSTYNE K
3161 WEST OAKLAND PARK BLVD
OAKLAND PARK, FL 33311**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

1100000540424
05/10/06-80016-023 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CHIN-LOY, ALSTYNE K
STREET ADDRESS	11736 NW 5TH STREET
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	D
NAME	CHIN LOY, DEBORAH
STREET ADDRESS	11736 NW 5 ST
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALSTYNE, K CHINLOY
PRESIDENT

Date

Daytime Phone #