

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000135227	
1. Entity Name RABIN RECORDS INC	

Principal Place of Business 400 LESLIE DR. 506 HALLENDALE, FL 33309	Mailing Address 400 LESLIE DR. 506 HALLENDALE, FL 33309
---	---



03042006 No Chg-P GR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1915543	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RABIN, STEWART 400 LESLIE DR 506 HALLENDALE, FL 33309

**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 _____ (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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T RABIN, STEWART 400 LESLIE DR. #506 HALLENDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S RABIN, ROSA 400 LESLIE DR. #506 HALLENDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000506513
04/27/06-80023-024 150.00

**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: X 4/6/06 904-643-0015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone