### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P04000150637

1. Entity Name
PMS RECORDS INC



FILED May 10; 2007 08:00 AM Secretary of State

Principal Place of Business 2555 SW 21ST TERR MIAMI, FL 33145 Mailing Address

2555 SW 21ST TERR MIAMI, FL 33145



### DO NOT WRITE IN THIS SPACE

04272007 No Chg-P C

CR2E034 (11/05)

4. FEI Number 20-2703004

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORO, ZUMMY 2555 SW 21ST TERR MIAMI, FL 33145

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<ol> <li>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.</li> </ol>											
SIGNATU											
	Signature, typed or printed name of registered agent and title	If applicable (NOTE, Registered Agent e	ignature	required when reinstating)	DATE						
	FILE NOWI!! FEE IS \$150.00 r May 1, 2007 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000764473 05/30/07-80064-003 150.00						
10.	OFFICERS AND DIREC	CTORS									
TITLE	PD										
NAME	ORO, ZUMMY										

#### 2555 SW 21ST TERR CITY-ST-ZIP MIAMI, FL 33145 THELE STREET ADDRESS CITY-SI-ZIP 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

# 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 fike empowered.

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SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #