

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000085530

Entity Name: BIZARRE RECORDS INC.

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

4040 NE 2ND AVE., STE 214
MIAMI, FL 33137

New Principal Place of Business:

11760 BIRD RD STE 306
MIAMI, FL 33175

Current Mailing Address:

24 LANTERN WAY
PORTSMOUTH, VA 237032255

New Mailing Address:

FEI Number: 20-3038092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA FILING & SEARCH SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CINTRON, JUSTIN H
Address: 24 LANTERN WAY
City-St-Zip: PORTSMOUTH, VA 23703

Title: D () Delete
Name: REGLERO, ALEJANDRO
Address: 4040 NE 2ND AVENUE SUITE 214
City-St-Zip: MIAMI, FL 33137

Title: PRES () Delete
Name: CINTRON, JUSTIN H
Address: 24 LANTERN WAY
City-St-Zip: PORTSMOUTH, VA 23703

Title: V PR () Delete
Name: REGLERO, ALEJANDRO M
Address: 4040 NE 2ND AVENUE SUITE 214
City-St-Zip: MIAMI, FL 33137

Title: SEC () Delete
Name: CINTRON, JUSTIN H
Address: 24 LANTERN WAY
City-St-Zip: PORTSMOUTH, VA 23703

Title: TRES () Delete
Name: CINTRON, JUSTIN H
Address: 24 LANTERN WAY
City-St-Zip: PORTSMOUTH, VA 23703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: REGLERO, ALEJANDRO M
Address: 4950 PINE TREE DR
City-St-Zip: MIAMI, FL 33140

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V PR (X) Change () Addition
Name: REGLERO, ALEJANDRO M
Address: 4950 PINE TREE DR
City-St-Zip: MIAMI, FL 33140

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUSTIN H CINTRON

PRES

04/26/2007

Electronic Signature of Signing Officer or Director

Date