

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 25, 2006 8:00 am
Secretary of State

08-25-2006 90001 024 ***150.00

DOCUMENT # P05000099907

1. Entity Name

PRESSURE RECORDS, INC.



Principal Place of Business

2828 TENNIS CLUB DRIVE
SUITE 404
WEST PALM BEACH FL 33417
US

Mailing Address

2828 TENNIS CLUB DRIVE
SUITE 404
WEST PALM BEACH FL 33417
US



2. Principal Place of Business

4629 10th AVENUE North

3. Mailing Address

2828 TENNIS CLUB DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

404

2nd MOORE

CR2E034 (4/06)

City & State

LAKENORTH, FL

City & State

WEST PALM BEACH, FL

4. FEI Number

203232561

Applied For

Not Applicable

Zip

33463

Country

PAUM BEACH

Zip

33417

Country

PAUM BEACH

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROMEO, AKERE
2828 TENNIS CLUB DRIVE
SUITE 404
WEST PALM BEACH FL 33417

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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] DCEO

Signature, typed printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!!! FEE IS \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S. 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DCEO
NAME ROMEO, AKERE
STREET ADDRESS 2828 TENNIS CLUB DR., SUITE 404
CITY-ST-ZIP WEST PALM BEACH FL 33417 ☐ Delete

TITLE VP
NAME PAMPHILE, FRITZ
STREET ADDRESS 214 SPARROW DRIVE, #1
CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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] AKERE ROMEO

8/21/06

786 374 1137

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #