2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-16-2007 90028 026 ***150.00

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1st MOORE CR2E034 (10/06)

DOCUMENT # P92000015551

1. Entity Name

KUBANEY RECORDS DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
7880 WEST 20TH AVENUE UNIT 45 HIALEAH FL 33016 CLOSED LOCATION	7880 WEST 20TH AVENUE UNIT 45 HIALEAH FL 33016 CLOSED US LOCATION

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	4241 SW 106 TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State DAVIE, Fl
Zip / Country	Zip 33328 / Country

4. FEI Number 65-0382694 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, ANTHONY S
4241 SW 106 TERRACE
DAVIE FL 33328

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, 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, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAN MARTIN, ANTHONY E 4241 SW 106 TERRACE DAVIE FL 33328	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Date Daytime Phone #