

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90728 001 ***750.00

DOCUMENT # P96000040752

1. Entity Name
SOULFURIC RECORDINGS, INC.



Principal Place of Business 5460 NORTH STATE RD 7 222 FT. LAUDERDALE, FL 33319 US	Mailing Address 5460 NORTH STATE RD 7 222 FT. LAUDERDALE, FL 33319 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03312005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0677739	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**POMEROY, MARC
2780 S. OAKLAND DRIVE #1801
FT. LAUDERDALE, FL 33309**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	POMEROY, MARC	
STREET ADDRESS	2521 NE 50TH STREET	
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064	

TITLE	DV	<input type="checkbox"/> Delete
NAME	TAPPERT, BRIAN	
STREET ADDRESS	2780 S. OAKLAND FOREST DR. #1801	
CITY-ST-ZIP	OAKLAND PARK, FL 33309	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

CHARLES M. DIVETO, JR., CPA, PA
CERTIFIED PUBLIC ACCOUNTANT
7125 N. W. 4th STREET
PLANTATION, FLORIDA 33317

4/15/05 **954-321-6300**
Date Daytime Phone #