

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90045 024 \*\*\*150.00

**DOCUMENT # P97000039644**

1. Entity Name  
**AMBAR RECORDS INC.**



Principal Place of Business

10105 NW 9 STREET  
CIRCLE 108  
MIAMI, FL 33172 -- US

Mailing Address

6439 SW 132 CT CIR  
MIAMI, FL 33183-140 US



01262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0750648**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ABREU, JUAN N  
10105 NW 9 ST CIR  
108  
MIAMI, FL 33172

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ABREU, JUAN N
STREET ADDRESS	10105 NW 9 ST CIR #108
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	T
NAME	WONG, BEATERIZ S
STREET ADDRESS	6439 SW 132 CT CIR
CITY-ST-ZIP	MIAMI, FL 331835140
TITLE	S
NAME	WONG, GUSTAVO
STREET ADDRESS	6439 SW 132 COURT CIRCLE
CITY-ST-ZIP	MIAMI, FL 331835140
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 like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/06

(305) 582-8670