2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 19, 2007 08:00 AM **DOCUMENT # P97000039644 Secretary of State** 1. Entity Name AMBAR RECORDS INC. Principal Place of Business Mailing Address 10105 NW 9 STREET 6439 SW 132 CT CIR CIRCLE 108 MIAMI, FL 33183-140 US MIAMI, FL 33172 US 01172007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0750648 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ABREU, JUAN N **DO NOT WRITE** 10105 NW 9 ST CIR 108 IN THIS SPACE MIAMI, FL 33172 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE ABREU, JUAN N NAME 10105 NW 9 ST CIR #108 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 TITLE NAME WONG, BEATERIZ S STREET ADDRESS 6439 SW 132 CT CIR CITY-ST-7IP MIAMI, FL 331835140 TITLE NAME WONG, GUSTAVO STREET ADDRESS 6439 SW 132 COURT CIRCLE DO NOT WRITE CITY-ST-ZIP MIAMI, FL 331835140 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> COUMON WONE ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR