

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

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



01152008 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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

U00000789238
01/22/08-80018-006 150.00

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	

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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

01/16/08

Date

(305) 382-8670

Daytime Phone