

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000054195

Entity Name: BLACK SHADOW RECORDS, INC.

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

1860 N.W. 191ST STREET
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

2111 NW 139TH STREET
STE 14
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 65-0787198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DOUTHIT, MARC ANTHONY ESQ.
1800 BISCAYNE BOULEVARD
SUITE 950
MIAMI, FL 33161 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAMI, TROY
Address: 1860 N.W. 191ST STREET
City-St-Zip: MIAMI, FL 33056

Title: SD () Delete
Name: RAMI, WESLEY
Address: 1860 N.W. 191ST STREET
City-St-Zip: MIAMI, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TROY RAMI

PD

04/24/2006

Electronic Signature of Signing Officer or Director

Date