

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000054195**

1. Entity Name

BLACK SHADOW RECORDS, INC.



Principal Place of Business

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

Mailing Address

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



01052007

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0787198

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**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 Mark Anthony Douthit Esq. 12/31/06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restate) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

100000585700  
01/16/07-80023-018 158.75

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME RAMI, TROY  
STREET ADDRESS 1860 N.W. 191ST STREET  
CITY-ST-ZIP MIAMI, FL 33056

TITLE SD  
NAME RAMI, WESLEY  
STREET ADDRESS 1860 N.W. 191ST STREET  
CITY-ST-ZIP MIAMI, FL 33056

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: Troy Rami 12/31/06 (305) 681-6195  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #