2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P97000057115

1. Entity Name
ENIGMA RECORDS, INC.

Principal Place of Business	Mailing Address
10105 NW 9TH STREET CIRCLE #108 MIAMI, FL 33172 US	6439 SW 132ND COURT CIRCLE MIAMI, FL 33183-5140 US

01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0768363
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WONG, BEATRIZ S.
6439 SW 132ND COURT CIRCLE
MIAMI, FL 33183

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000000729237
01/22/08-80018-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ABREU, JUAN NELSON
STREET ADDRESS	10105 NW 9TH STREET CIRCLE, #108
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	TR
NAME	WONG, BEATRIZ S.
STREET ADDRESS	6439 SW 132ND COURT CIRCLE
CITY-ST-ZIP	MIAMI, FL 33183
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Gustavo Wong 01/16/08 (305) 382-8670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #