

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90026 030 ***150.00

DOCUMENT # P99000052353

1. Entity Name
GROUP SEX RECORDS, INC.



Principal Place of Business
1235 NW 100 STREET
MIAMI, FL 33147

Mailing Address
1235 NW 100 STREET
MIAMI, FL 33147

54012971



2. Principal Place of Business

1235 N.W 100 ST
Suite, Apt. #, etc.

3. Mailing Address

SAME ADDRESS
Suite, Apt. #, etc.

02122004 Chg-P CR2E034 (10/03)

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number
65-0924224

Applied For
Not Applicable

Zip

33147

Country

DADE

Zip

33147

Country

DADE

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

6. Name and Address of Current Registered Agent

FINLEY, CHANDLER R
710 WASHINGTON AVE STE 5
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name **SAME AGENT**

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

02-20-04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **SMITH, CARLINE**
STREET ADDRESS **1235 N.W. 100 ST.**
CITY-ST-ZIP **MIAMI, FL 33147**

TITLE **V** ☐ Delete
NAME **SAINVILL, JACQUELIN**
STREET ADDRESS **1335 NW 122 STREET**
CITY-ST-ZIP **MIAMI, FL 33167**

TITLE **V** ☐ Delete
NAME **SAINVIL, GUICHARRA**
STREET ADDRESS **1235 NW 100 STREET**
CITY-ST-ZIP **MIAMI, FL 33147**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Carline Smith* **CARLINE SMITH**

02-20-04

(305) 835-1915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #