

2005 FOR PROFIT CORPORATION ANNUAL REPORT

03-04-2005 90067 039 ***150.00
P99000052353

FILED

05 MAR 17 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business

17251 N.W 24 AV
Suite, Apt. #, etc.

3. Mailing Address

17251 N.W 24 AV
Suite, Apt. #, etc.

NONE

NONE

City & State
MIAMI GARDEN FL

City & State
MIAMI GARDEN FL

Zip
33056

Zip
33056

02102005

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0924224

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

NONE

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 state if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMITH, CARLINE 1235 N.W. 100 ST. MIAMI, FL 33147	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SAINVILL, JACQUELIN 1335 NW 122 STREET MIAMI, FL 33167	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SAINVIL, GUICHARRA 1235 NW 100 STREET MIAMI, FL 33147	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

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

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:

Groupsex Records Barbie Smith 02-26-05 (605) 625-1348

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #