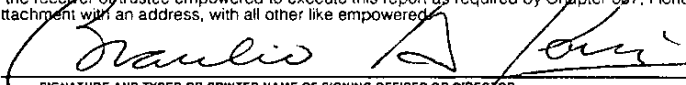


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K20273 1. Entity Name AILEC PUBLISHING INCORPORATED						FILED 07 MAR 27 PM 1:30 DEPT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2300 CORAL WAY SUITE 201 MIAMI, FL 33145				Mailing Address 2300 CORAL WAY SUITE 201 MIAMI, FL 33145			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent CORPORATE PROCESS SERVICES INC. 2300 CORAL WAY MIAMI, FL 33145				7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable							
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			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GARCIA, BRAULIO A 2300 CORAL WAY STE 201 MIAMI, FL 33145 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete			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 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: 				2/27/07 (305) 886-0086			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			

BRAULIO A. GARCIA, PRESIDENT