


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90077 008 \*\*\*158.75

**DOCUMENT # P03000037580**

1. Entity Name  
**COMPLOT MEDIA GROUP, INC.**



Principal Place of Business  
**5700 COLLINS AVENUE PENTHOUSE C  
 MIAMI BEACH, FL 33140**

Mailing Address  
**C/O IVAN A GOMEZ PA  
 601 BRICKELL KEY DRIVE SUITE 507  
 MIAMI, FL 33131**

2. Principal Place of Business  
**180 NE 39th ST.**

3. Mailing Address  
**same as 2.**

Suite, Apt. #, etc.  
**Suite # 225**

Suite, Apt. #, etc.  
 (blank)

City & State  
**Miami, FL**

City & State  
 (blank)

Zip  
**33137**

Country  
**USA**

Zip  
 (blank)

Country  
 (blank)



03082004 Chg-P CR2E034 (10/03)

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

**IAG CORPORATE SERVICES, INC.  
 601 BRICKELL KEY DRIVE SUITE 507  
 MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**

Name  
 (blank)

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

City  
**FL**

Zip Code  
 (blank)

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D DAVALOS, LEONARDO 5700 COLLINS AVENUE PENTHOUSE C MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAAL, PEDRO 5700 COLLINS AVENUE PENTHOUSE C MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Leonardo Davalos* **03/26/2004** **305-371-9213**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**LEONARDO DAVALOS, PRESIDENT**