


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90011 039 ***158.75

DOCUMENT # P03000037580			
1. Entity Name COMLOT MEDIA GROUP, INC.			
Principal Place of Business 180 NE 39TH ST STE 225 MIAMI, FL 33137		Mailing Address 180 NE 39TH ST STE 225 MIAMI, FL 33137	
2. Principal Place of Business		3. Mailing Address Ivan A. Gomez, P.A.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 601 Brickell Key Drive	
City & State		City & State Miami, Florida	
Zip	Country	Zip	Country
		33131	USA



03212005 Chg-P CR2E034 (10/03)
#507

4. FEI Number **65-1181870** 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	
IAG CORPORATE SERVICES, INC. 601 BRICKELL KEY DRIVE SUITE 507 MIAMI, FL 33131		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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DAVALOS, LEONARDO			NAME			
STREET ADDRESS	5700 COLLINS AVENUE PENTHOUSE C			STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33140			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAAL, PEDRO			NAME			
STREET ADDRESS	5700 COLLINS AVENUE PENTHOUSE C			STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33140			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Leonardo Davalos President 03/28/05 (305) 371-9213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #