2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000037580

1. Entity Name

COMPLOT MEDIA GROUP, INC.

FILED Feb 19, 2008 08:00 AM Secretary of State

Principal Place of Business

180 NE 39TH ST STE 225 MIAMI, FL 33137 Mailing Address

IVAN A GOMEZ, P.A. 601 BRICKELL KEY DRIVE MIAMI, FL 33131



DO NOT WRITE IN THIS SPACE

01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1181870

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	urpose of changing its register	ed office or registered agent, or be	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	• • •	•		•
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable (NOTE: Registere	d Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			+,,	
10. ·	OFFICERS AND DIREC	TORS .	The state of the s	hand Page
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVALOS, LEONARDO 5700 COLLINS AVENUE PENTHOUSE C MIAMI BEACH, FL 33140			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAAL, PEDRO 5700 COLLINS AVENUE PENTHOUSE C MIAMI BEACH, FL 33140			000000832826 02/27/08-80073-023 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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:

NAME STREET ADDRESS CITY-S1-ZIP

RE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTO

(305)371-921