


FILED
Jul 05, 2006 8:00 am
Secretary of State

07-05-2006 90001 039 ***158.75

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000146081				
1. Entity Name AYRES TV, INC.				
Principal Place of Business 780 NE 69 STREET #909 MIAMI, FL 33138		Mailing Address 780 NE 69 STREET #909 MIAMI, FL 33138		
2. Principal Place of Business		3. Mailing Address 37 NE 28 STREET		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State Miami, FL		
Zip		Zip 33137		
Country		Country		
4. FEI Number 20-1787988		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BARRIOS, MARIA 780 NE 69 STREET #909 MIAMI, FL 33138		7. Name and Address of New Registered Agent		
Name		Name		
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)		
City		City FL		
Zip Code		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 _____ <small>Signature (hand or printed name of registered agent and state if applicable) (NOTE: Registered Agent signature required when transferring) (DATE)</small>				
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD BARRIOS, MARIA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	780 NE 69 STREET #909		STREET ADDRESS	
CITY- ST- ZIP	MIAMI, FL 33138		CITY- ST- ZIP	
TITLE	SD VERA, HERNAN	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	780 NE 69 STREET #909		STREET ADDRESS	
CITY- ST- ZIP	MIAMI, FL 33138		CITY- ST- ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	
CITY- ST- ZIP			CITY- ST- ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	
CITY- ST- ZIP			CITY- ST- ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on the 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, where applicable, with all other like empowered.				
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (DATE) (DATE) (PHONE #)</small>				

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03282006 Chg-P CR2E034 (11/05)