


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 173470**  
 1. Entity Name  
**THE AMERICAS PUBLISHING COMPANY**



Principal Place of Business  
**2900 NORTHWEST 39TH STREET  
 MIAMI, FL 33142**

Mailing Address  
**9192 CORAL WAY  
 SUITE 201  
 MIAMI, FL 33165**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country



03212007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-0698988**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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

**CABALLERO, MARCIA B  
 9192 CORAL WAY  
 SUITE 201  
 MIAMI, FL 33165**

**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 \_\_\_\_\_ 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, 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                      | PD <input type="checkbox"/> Delete  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE   |  |  |
| NAME                       | AGUIRRE, HORACIO                    | NAME  |   |  |  |
| STREET ADDRESS             | 2900 N.W. 39TH ST.                  | STREET ADDRESS  |   |  |  |
| CITY-ST-ZIP                | MIAMI, FL 33142                     | CITY-ST-ZIP   |   |  |  |
| TITLE                      | VTD <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE   |  |  |
| NAME                       | AGUIRRE, FRANCISCO                  | NAME  |   |  |  |
| STREET ADDRESS             | 2900 N.W. 39TH ST.                  | STREET ADDRESS  |   |  |  |
| CITY-ST-ZIP                | MIAMI, FL 33142                     | CITY-ST-ZIP   |   |  |  |
| TITLE                      | SD <input type="checkbox"/> Delete  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE   |  |  |
| NAME                       | AGUIRRE, ALEJANDRO J                | NAME  |   |  |  |
| STREET ADDRESS             | 2900 N.W. 39TH ST.                  | STREET ADDRESS  |   |  |  |
| CITY-ST-ZIP                | MIAMI, FL 33142                     | CITY-ST-ZIP   |   |  |  |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE   |  |  |
| 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 | TITLE   |  |  |
| 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 | TITLE   |  |  |
| 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 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: Alejandro Aguirre **ALEJANDRO AGUIRRE** April 19 2007 **305 633 3341**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davina Phone #

*Secretary*