

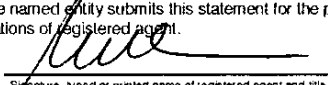
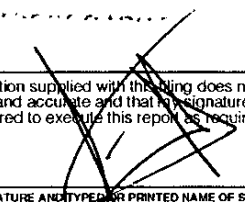


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

\*FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 MAR 24 AM 9:02

<b>DOCUMENT # A04000001962</b> 1. Entity Name DIRECTO HISPANIC PROMOTIONS, LTD.					
Principal Place of Business 2701 POINCE DE LEON BOULEVARD, SUITE 202 CORAL GABLES, FL				Mailing Address 2701 POINCE DE LEON BOULEVARD, SUITE 202 CORAL GABLES, FL	
2. Principal Place of Business 2701 Ponce de Leon Suite, Apt. #, etc. 202 City & State Coral Gables Zip 33134 Country U.S.		3. Mailing Address 2701 Ponce de Leon Blv Suite, Apt. #, etc. 202 City & State Coral Gables Zip 33134 Country U.S.			
4. FEI Number 02072005 Chg-LP CR2E003 (10/03)				Applied For <input checked="" 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 MURAI WALD BIONDO MORENO & BROCHIN, P.A. 25 S.E. 2ND AVENUE, SUITE 900 MIAMI, FL 33131	
7. Name and Address of New Registered Agent Name Murai Wald Biondo Moreno & Brochin P.A. Street Address (P.O. Box Number is Not Acceptable) Two Alhambra Plaza Penthouse 1B City Coral Gables FL Zip Code 33134				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 2/28/05	
9. Capital Contributions as Shown on record. \$300,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$526.25			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # L04000033723 NAME DIRECTO HISPANIC PROMOTIONS, LLC STREET ADDRESS 2701 POINCE DE LEON BOULEVARD, SUITE 202 CITY-ST-ZIP CORAL GABLES, FL			STREET ADDRESS CITY-ST-ZIP		
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					
SIGNATURE: 			MARCH 14 305 4465266 Date Daytime Phone #		

STAPLE CHECK HERE