ANNUAL REPORT

2005 FOR PROFIT CORPORATION DOCUMENT # F45643 THE VOICE PUBLISHING CO. Principal Place of Business Mailing Address 115 W. 38TH STREET 115 W. 38TH STREET HIALEAH, FL 33012 HIALEAH, FL 33012 DO NOT WRITE IN THIS SPACE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

FILED Apr 25, 2005 8:00 am Secretary of State

04-25-2005 90261 038 ***158.75

CR2E034 (10/03)

Davime Phone 4

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No Chg-P

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4. FEI Number Applied For 59-2461566 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RODRIGUEZ, VICENTE DO NOT WRITE 115 W. 38TH STREET HIALEAH, FL 33012 IN THIS SPACE 6. 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE RODRIGUEZ, VICENTE NAME STREET ADDRESS 115 W. 38TH STREET HIALEAH, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME-STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 peport 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 traiting impowered 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 a proper like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR