


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90067 038 ***150.00

DOCUMENT # F79168	
1. Entity Name BCC - BUGLE COMMUNICATIONS CORP. - CLARIN LATINO	

Principal Place of Business 8900 SW 107TH AVE STE. 306 MIAMI FL 33175- US	Mailing Address P O BOX 832677 MIAMI FL 33283 US
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-2180120		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 NOBOA, JOSE RAMON 7451 SW 120 AVE MIAMI FL 33183		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8900 SW 107TH AVE, STE 306 City MIAMI FL Zip Code 33176	

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 *Jose R. Noboa* **JOSE R. NOBOA** DATE **JAN 30, 2005**

Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NOBOA, JOSE RAMON 7451 SW 120 AVE MIAMI FL 33183-3733 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8900 SW 107TH AVE, STE 306 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NOBOA, GRACIELA-ESTER 7451 SW 120 AVE MIAMI FL 33183-3733 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DVST 8900 SW 107TH AVE, STE 306 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST NOBOA, DOLORES 8951 SW 142ND AVE, APT 127 MIAMI FL 33186 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *Jose R. Noboa* **JOSE R. NOBOA, PRES** Date **JAN 20, 05** Daytime Phone # **305-270-3333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR