2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 A
Secretary of State

DOCUMENT # F79168

1. Entity Name
BCC - BUGLE COMMUNICATIONS CORP. - CLARIN LATINO

Principal Place of Business	Mailing Address
8900 SW.107TH AVE STE. 306 MIAMI, FL 33176 US	P.O BOX 832677 MIAMI, FL 33283 US

DO NOT WRITE IN THIS SPACE

01232008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2180120	Not Applicable

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

6. Name and Address of Current Registered Agent

NOBOA, JOSE R
8900 SW 107TH AVE STE 306
MIAMI, FL 33176

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000798892
01/30/08-80046-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	NOBOA, JOSE R
STREET ADDRESS	8900 SW 107TH AVE STE 306
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	DV
NAME	PORTUGUES, ALBERTO D
STREET ADDRESS	8900 SW 107TH AVE STE 306
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ JOSE R. NOBOA ____ 12/1/08 ____ 305-270-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   PRESIDENT   Date   Daytime Phone #