


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90607 001 ***300.00

DOCUMENT # F99000003038

1. Entity Name
ENTE PUBLICO RTVE, CORPORATION



Principal Place of Business
**848 BRICKELL AVENUE, SUITE 830
 MIAMI, FL 33131**

Mailing Address
**848 BRICKELL AVENUE, SUITE 830
 MIAMI, FL 33131**

66015348

2. Principal Place of Business
 Suite, Apt. #, etc.

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

City & State
 Zip Country



03032006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent
**MARTIN, MIGUEL A
 848 BRICKELL AVENUE, SUITE 830
 MIAMI, FL 33131**

4. FEI Number
65-0930488

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
 Name **RENEE ADWAR, ESQ.**
 Street Address (P.O. Box Number is Not Acceptable)
**RENEE ADWAR, P.A.
 848 BRICKELL AVENUE, SUITE 830**
 City **MIAMI** FL Zip Code **33131**

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 *Renee Adwar* DATE 4/4/06

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, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	P VALLEJO, PEDRO D 1100 PONCE DE LEON BLVD. CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *P. Vallejo* **Pedro Vallejo** DATE 4/24/06 (305) 574-4482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #