2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 12, 2005 8:00 am
Secretary of State
04-12-2005 90019 011 ****50.00

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04062005 Chg-LLC CR2E083 (10/03)

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1. Entity Name
GRUPO 35 MIAMI ADVERTISING LLC

Principal Place of Business	Mailing Address
1820 N. CORPORATE LAKES BLVD., UNIT 208 WESTON, FL 33326	1820 N. CORPORATE LAKES BLVD., UNIT 208 WESTON, FL 33326

2. Principal Place of Business	3. Mailing Address
2775 Stirrup Lane	1112 Weston Road
Suite, Apt. #, etc.	Suite, Apt. #, etc. #210
City & State: Weston FL	City & State: Weston FL
Zip: 33331 Country: USA	Zip: 33326 Country: USA

4. FEI Number: 20-0395772 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BONET, SALVADOR
1820 N. CORPORATE LAKES BLVD., UNIT 208
WESTON, FL 33326

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 2775 Stirrup Lane
City: Weston FL Zip Code: 33331

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

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BONET, SALVADOR ~~1820 N. CORPORATE LAKES BLVD., UNIT 208~~ ~~WESTON, FL 33326~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 2775 Stirrup Lane Weston FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] Salvador Bonet 4/6/05 954-385-0241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #