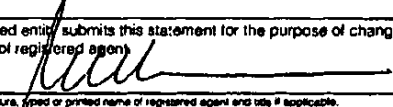
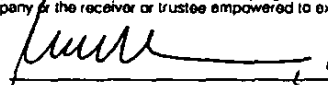


FILED  
May 31, 2005 8:00 am  
Secretary of State

05-03-2005 90019 003 \*\*\*\*50.00

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # L04000033723</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                            |
| 1. Entity Name<br>DIRECTO HISPANIC PROMOTIONS, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                             |
| Principal Place of Business<br>900 INGRAHAM BUILDING<br>25 SOUTHEAST 2ND AVENUE<br>MIAMI, FL 33131                                                                                                                                                                                                                                                                                                                                                                                                            |  | Mailing Address<br>900 INGRAHAM BUILDING<br>25 SOUTHEAST 2ND AVENUE<br>MIAMI, FL 33131                                                                                                                                                      |
| 2. Principal Place of Business<br>Two Alhambra Plaza<br>Suite, Apt. #, etc.<br>Penthouse 1B<br>City & State<br>Coral Gables, FL<br>Zip<br>33134<br>Country<br>US                                                                                                                                                                                                                                                                                                                                              |  | 3. Mailing Address<br>Two Alhambra Plaza<br>Suite, Apt. #, etc.<br>Penthouse 1B<br>City & State<br>Coral Gables, FL<br>Zip<br>33134<br>Country<br>US                                                                                        |
| 01192005 Chg-LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | CR2E083 (10/03)                                                                                                                                                                                                                             |
| 4. FEI Number<br>20-2013342                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Applied For<br>Not Applicable                                                                                                                                                                                                               |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                             |
| 6. Name and Address of Current Registered Agent<br>MURAI WALD BIONDO MORENO & BROCHIN, P.A.<br>900 INGRAHAM BUILDING<br>25 SOUTHEAST 2ND AVENUE<br>MIAMI, FL 33131                                                                                                                                                                                                                                                                                                                                            |  | 7. Name and Address of New Registered Agent<br>Name<br>Murai Wald Biondo Moreno & Brochin P.A.<br>Street Address (P.O. Box Number is Not Acceptable)<br>Two Alhambra Plaza, Penthouse 1B<br>City<br>Coral Gables<br>FL<br>Zip Code<br>33134 |
| 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.<br>SIGNATURE  Rene V. Morai 4/21/05<br>(NOTE: Registered Agent signature required when reappointing)                                                                                          |  |                                                                                                                                                                                                                                             |
| Filing Fee is \$50.00<br>Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Make check payable to<br>Florida Department of State                                                                                                                                                                                        |
| 9. **MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 10. ADDITIONS/CHANGES                                                                                                                                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>Managing Member<br>JOSE DAVID<br>Two Alhambra Plaza, PH 1B<br>Coral Gables, FL 33134                                                                                                                                                                                                                                                                                                                                                                        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>Managing Member<br>JOSE MARIA GONZALEZ<br>Two Alhambra Plaza, PH 1B<br>Coral Gables, FL 33134                                                                                                                                                                                                                                                                                                                                                               |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>Managing Member<br>JOSE JIMENEZ<br>Two Alhambra Plaza, PH 1B<br>Coral Gables, FL 33134                                                                                                                                                                                                                                                                                                                                                                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                             |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                             |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Delete                                                                                                                                                                                                                                                                                                                                                                                                                             |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                         |
| 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:  Jose Jimenez<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                          |  | Date<br>305-444-0101<br>Daytime Phone #                                                                                                                                                                                                     |

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