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

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

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000033723

1. Entity Name
DIRECTO HISPANIC PROMOTIONS, LLC

30008229

Principal Place of Business	Mailing Address
900 INGRAHAM BUILDING 25 SOUTHEAST 2ND AVENUE MIAMI, FL 33131	900 INGRAHAM BUILDING 25 SOUTHEAST 2ND AVENUE MIAMI, FL 33131

01192005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Two Alhambra Plaza	Two Alhambra Plaza
Suite, Apt. #, etc. Penthouse 1B	Suite, Apt. #, etc. Penthouse 1B
City & State Coral Gables, Fl.	City & State Coral Gables, Fl.
Zip: 33134 Country: US	Zip: 33134 Country: US

4. FEI Number: 20-2013342 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MURAI WALD BIONDO MORENO & BROCHIN, P.A.
900 INGRAHAM BUILDING
25 SOUTHEAST 2ND AVENUE
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Murai Wald Biondo Moreno & Brochin P.A.
Street Address (P.O. Box Number is Not Acceptable): Two Alhambra Plaza, Penthouse 1B
City: Coral Gables FL Zip Code: 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.

SIGNATURE: _____ Rene V. Murai 4/21/05
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	Managing Member Jorge Davila Two Alhambra Plaza, PH1B Coral Gables, Fl. 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Jose Maria Gonzalez Two Alhambra Plaza, PH-2B Coral Gables, Fl. 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Member Jorge Jimenez Two Alhambra Plaza, PH 1B Coral Gables, Fl 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ Authorized Representative 305-444-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #