


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90033 017 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # L06000083366</b>                          |  |
| <b>1. Entity Name</b><br>FLORIDA-BORICUA PUBLISHING LLC |   |

|  |  |
|--|--|
| <b>Principal Place of Business</b><br>15231 SW 154 AVENUE<br>MIAMI, FL 33187 | <b>Mailing Address</b><br>15231 SW 154 AVENUE<br>MIAMI, FL 33187 |
|--|--|

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|   |         |                           |         |
|---|---------|---------------------------|---------|
| <b>2. Principal Place of Business - No P.O. Box #</b> |         | <b>3. Mailing Address</b> |         |
| Suite, Apt. #, etc.                                   |         | Suite, Apt. #, etc.       |         |
| City & State  |         | City & State              |         |
| Zip   | Country | Zip                       | Country |

01222007 Chg-LLC CR2E083 (12/06)

|                                    |   |
|------------------------------------|---|
| <b>4. FEI Number</b><br>20-5434039 | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
|------------------------------------|---|

|  |                                       |
|--|---------------------------------------|
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$5.00 Additional Fee Required</b> |
|--|---------------------------------------|

|   |  |
|---|--|
| <b>6. Name and Address of Current Registered Agent</b>  |  |
| BUSINESS FILINGS INCORPORATED<br>1203 GOVERNORS SQUARE BLVD., SUITE 101<br>TALLAHASSEE, FL 32301-2960 |  |

|  |                 |
|--|-----------------|
| <b>7. Name and Address of New Registered Agent</b> |                 |
| Name   |                 |
| Street Address (P.O. Box Number is Not Acceptable) |                 |
| City   |                 |
| <b>FL</b>  | <b>Zip Code</b> |

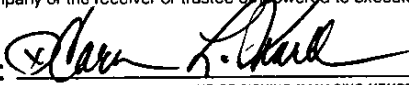
**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

|   |  |  |
|---|--|--|
| Filing Fee is \$50.00<br>Due by May 1, 2007 | <b>Make check payable to<br/>Florida Department of State</b> |  |
|---|--|--|

| 9. MANAGING MEMBERS/MANAGERS |                     |                                 | 10. ADDITIONS/CHANGES |  |   |
|------------------------------|---------------------|---------------------------------|-----------------------|--|---|
| TITLE                        | MGR                 | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         | VARELA, CARMEN L    |                                 | NAME                  |  |   |
| STREET ADDRESS               | 15231 SW 154 AVENUE |                                 | STREET ADDRESS        |  |   |
| CITY-ST-ZIP                  | MIAMI, FL 33187     |                                 | CITY-ST-ZIP           |  |   |
| TITLE                        |                     | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |                     |                                 | NAME                  |  |   |
| STREET ADDRESS               |                     |                                 | STREET ADDRESS        |  |   |
| CITY-ST-ZIP                  |                     |                                 | CITY-ST-ZIP           |  |   |
| TITLE                        |                     | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |                     |                                 | NAME                  |  |   |
| STREET ADDRESS               |                     |                                 | STREET ADDRESS        |  |   |
| CITY-ST-ZIP                  |                     |                                 | CITY-ST-ZIP           |  |   |
| TITLE                        |                     | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |                     |                                 | NAME                  |  |   |
| STREET ADDRESS               |                     |                                 | STREET ADDRESS        |  |   |
| CITY-ST-ZIP                  |                     |                                 | CITY-ST-ZIP           |  |   |
| TITLE                        |                     | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |                     |                                 | NAME                  |  |   |
| STREET ADDRESS               |                     |                                 | STREET ADDRESS        |  |   |
| CITY-ST-ZIP                  |                     |                                 | CITY-ST-ZIP           |  |   |

**11. 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 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:**  **Carmen L. Varela** **04/24/2007** **786-242-2773**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE