

2006 FOR PROFIT CORPORATION ANNUAL REPORT


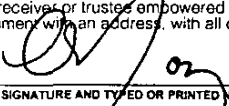
FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90330 002 ***150.00

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04242006 Chg-P CR2E034 (11/05)

DOCUMENT # L39149					
1. Entity Name SHERJAN BROADCASTING COMPANY, INC.					
Principal Place of Business 1520 NW 79TH AVE MIAMI, FL 33125 US			Mailing Address 1520 NW 79TH AVE MIAMI, FL 33126 US		
2. Principal Place of Business 13001 NW 107 AVENUE		3. Mailing Address 13001 NW 107 AVENUE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HALEAH GARDENS, FL.		City & State HALEAH GARDENS, FL.		4. FEI Number 65-0350554	
Zip 33018		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent A SAUL ROMAY, OMAR 1520 NW 79 AVE. MIAMI, FL 33126			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13001 NW 107 AVENUE City HALEAH GARDENS FL Zip Code 33018		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 VAZQUEZ-SANTONI, FRANCISCO M 1520 N.W. 79TH STREET MIAMI, FL 33126 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13001 NW 107 AVENUE HALEAH GARDENS, FL. 33018	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO SAUL ROMAY, OMAR A 1520 NW 79TH AVE MIAMI, FL 33126 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13001 NW 107 AVENUE HALEAH GARDENS, FL. 33018	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			04/24/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		