

Amended **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 157620

1. Entity Name
HISPANIC MAIL ADVERTISING, INC.

FILED
05 APR -1 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6312 NW 77 CT Suite, Apt. #, etc.		3. Mailing Address 6312 NW 77CT Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33166	Country USA	Zip 33166	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 650183691	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name MANEIRO, MARTIN	
Street Address (P.O. Box Number is Not Acceptable) 6312 NW 77 CT	
City MIAMI	FL Zip Code 33166

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.

SIGNATURE *Martin Maneiro* MARTIN MANEIRO 3/31/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MANEIRO, MARTIN 6312 NW 77 CT MIAMI FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800050646078 04/19/05-BLDD-014-061.25
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13. 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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Martin Maneiro* MARTIN MANEIRO 305-592-8585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #