

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 29, 2005 8:00 am**  
**Secretary of State**

07-29-2005 90083 009 \*\*\*\*55.00

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<b>DOCUMENT # M04000004050</b> 1. Entity Name <b>HISPANIC PUBLISHING ASSOCIATES, LLC</b>					
Principal Place of Business <b>999 PONCE DE LEON BLVD., SUITE 600 CORAL GABLES, FL 33134</b>				Mailing Address <b>999 PONCE DE LEON BLVD., SUITE 600 CORAL GABLES, FL 33134</b>	
2. Principal Place of Business <b>6355 NW 36TH STREET</b> Suite, Apt. #, etc.		3. Mailing Address <b>6355 NW #36TH STREET</b> Suite, Apt. #, etc.		07182005    Chg-LLC    CR2E083 (10/03)	
City & State <b>VIRGINIA GARDENS, FL</b>		City & State <b>VIRGINIA GARDENS, FL</b>		4. FEI Number <b>20-1675829</b>	
Zip <b>33166</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name <b>FRUCTUOSO SAM VERDEJA</b> Street Address (P.O. Box Number is Not Acceptable) <b>6355 NW 36TH STREET</b> City <b>VIRGINIA GARDENS, FL</b> Zip Code <b>33166</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 _____					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR VERDEJA, FRUCTOOS SAM 999 PONCE DE LEON BLVD., SUITE 600 CORAL GABLES, FL 33134</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CEO FRUCTUOSO SAM VERDEJA 6355 NW 36TH STREET</b>	<input checked="" 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	<b>S JUAN MIJARES-ORTEGA 6355 NW 36TH STREET</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D EDUARDO MICHELSEN 6355 NW 36TH STREET</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D ERNESTO CERVANTES 6355 NW 36TH STREET</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T CARLOS GARRIDO 6355 NW 36TH STREET</b>	<input type="checkbox"/> Change <input checked="" 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	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:			07/14/05 (305) 871-6400 Ext 334		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date _____ Daytime Phone # _____		