

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2008 8:00 am
Secretary of State

04-08-2008 90015 021 ****61.25

DOCUMENT # N07000003434
1. Entity Name
MUNICIPAL PRESS AGENCY, INC.



Principal Place of Business Mailing Address
2340 CORAL WAY **2340 CORAL WAY**
MIAMI FL 33145 **MIAMI FL 33145**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

SEGREDO, FRANK J ESQ
9350 SOUTH DIXIE HIGHWAY SUITE 1500
MIAMI FL 33156

00010101
1st MOORE CR2E037 (10/07)

4. FEI Number **20-8893952** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name **MANUEL A. ALZUGARAY**
Street Address (P.O. Box Number is Not Acceptable)
2340 Coral Way
City **MIAMI** FL Zip Code **33145**

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 *[Signature]* DATE **4-30-08**
(Signature, typed or printed name of registered agent and the date) (NOTE: Registered Agent signature is not used when registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
Make Check Payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALZUGARAY, MANUEL A DR 2340 CORAL WAY MIAMI FL 33145 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS PENARANDA, PEDRO 2340 CORAL WAY MIAMI FL 33145 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TUDELA, MIGUEL A REV 2340 CORAL WAY MIAMI FL 33145 ☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: *[Signature]* **1-18-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #