

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000081346					
1. Entity Name SUPER RADIO OF FLORIDA, INC.					
Principal Place of Business 2601 SO BAYSHORE DRIVE STE 1400 MIAMI, FL 33133			Mailing Address 2601 SO BAYSHORE DRIVE STE 1400 MIAMI, FL 33133		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01052006 Chg-P CR2E034 (11/05)	
4. FEI Number 65-1053339				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DURAN, ALFREDO G 2601 SO BAYSHORE DRIVE STE 1400 MIAMI, FL 33133			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 re-registering) DATE _____					
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing ☐ \$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	D PAVA, ALVARO 2601 SO BAYSHORE DRIVE STE 1400 MIAMI, FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000000543632 05/11/06 80003-024 150.00	
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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 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: _____			PRES. DIR. 4/24/06 859-2696		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					