

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000100199

FILED
Mar 01, 2004
Secretary of State

Entity Name: LATINO BUYER MAGAZINE, INC.

Current Principal Place of Business:

10900 NW 30TH STREET
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 565358
MIAMI, FL 332565358

New Mailing Address:

FEI Number: 65-1056289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORALES, SANTIAGO
10900 NW 30 STREET
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: PINA, FRANCES M
Address: 6425 MONTGOMERY DRIVE
City-St-Zip: PINECREST, FL 33156

Title: S (X) Delete
Name: PINA, ALEXIS M
Address: 6425 MONTGOMERY DRIVE
City-St-Zip: PINECREST, FL 33156

Title: T () Delete
Name: MOREIRA, DOMINGO
Address: 7321 SW 63 AVENUE
City-St-Zip: MIAMI, FL 33143

Title: P () Delete
Name: MORALES, SANTIAGO
Address: 10900 NW 30 STREET
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP/S (X) Change () Addition
Name: PINA, CARLOS
Address: 6425 MONTGOMERY DRIVE
City-St-Zip: PINECREST, FL 33156

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS PINA

VP

03/01/2004

Electronic Signature of Signing Officer or Director

_____ Date