2005 FOR PROFIT CORPORATION

FILED Apr 28, 2005 08:00 AM

| | ANNUAL F | (EPUK I | | Secretary of State |
|---|---|--|-----------------------------|--|
| DOCU | MENT # P000001180 | 55 | | Secretary of State |
| 1. Entity Name CAMBIO LATINO PUBLISHING CORP. | | | | |
| CAMBIO | LATINO FUBLISHING CORF. | | | |
| Principal Plac | ce of Business | Mailing Address | | · . 7 |
| 10305 NW 4 | | 5601 COLLINS AVE | -~ | |
| STE 110 MIAMI, FL 3 | | M-1 Miami Beach, Fl. 33140 | | 1 |
| IVIIAIVII, TL 3 | 55176 | WIMWI DEAGN, FE 33140 | | 1 (1841) 187 (1881) 188 (1881) 1881) 1881) 1881 (1881) 1881) 1881 (1881) 1881) 1881 (1881) 1881) 1881 |
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| | | | | 02152005 No Chg-P CR2E034 (10/03) |
| DO NOT WRITE IN THIS SPA | | | CE | |
| | | | _ | 4. FEI Number Applied For 65-1125070 Not Applicable |
| } | | | | 5. Certificate of Status Desired S8.75 Additional |
| <u> </u> | 6. Name and Address of Current Regi | stered Agent | | Fee Required |
| | | | | A service of the serv |
| HERRERA, MARIA 5601 COLLINS AVE | | | İ | DO NOT WRITE |
| M-1 | | | | IN THIS SPACE |
| MIAMI BEACH, FL 33140 | | | | IN THIS STAGE |
| | | | 1 | |
| 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 María Herrara Musillas 04/25/W | | | | |
| | Signature, typed or printed name of registered agent and till | e l'applicable. (NOTE Register | ed Agent signature required | |
| E11 | E NOW!!! FEE IS \$150.00 | 9. Election Campaign Fina | noing \$5 | .00 May Be |
| After M | ay 1, 2005 Fee will be \$550.00 | Trust Fund Contribution. | . 🔲 Add | led to Fees |
| 10. | OFFICERS AND DIRE | CTORS | | The state of the s |
| TITLE NAME | D HERRERA, ROMULO | | | Dananaaaa |
| STREET ADDRESS | 10305 NW 41ST ST STE 110 | | 1 | 000000339001 04/28/05-80054-023 150.00 |
| CITY-ST-ZIP | MIAMI, FL 33178 | * | | |
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| TITLE | | | | |

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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.

STREET ADDRESS CITY-ST-ZIP