2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000027978

CABRERA, BEATRIZ

MIAMI, FL 33131

444 BRICKELL AVE. SUITE 600

Name:

Address:

City-St-Zip:

FILED Apr 30, 2004 Secretary of State

Entity Na	me: SARMIE	NTO ADVERTISING GROUP, I	NC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
444 BRICH SUITE 600 MIAMI, FL)				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
444 BRICK SUITE 600 MIAMI, FL)				
FEI Number	: 65-1157005	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
VICTORIA, MARCUS G 444 BRICKELL AVE., SUITE 600 MIAMI, FL 33131 US			444 BRICKELL AVE., \$	VICTORIA, MARCOS G 444 BRICKELL AVE., SUITE 600 MIAMI, FL 33131 US	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE: MARCC			04/30/2004	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financi	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TERRANOVA,	L AVE. SUITE 600	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VICTORIA, MA	L AVE. SUITE 600	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ALBO, LAZAR	L AVE. SUITE 600	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	S (X) Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARCOS VICTORIA VΡ 04/30/2004