
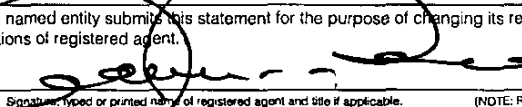
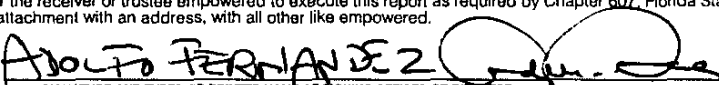


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90109 009 \*\*\*150.00

<b>DOCUMENT # P01000069147</b> 1. Entity Name <b>F &amp; F MEDIA CORP.</b>					
Principal Place of Business <b>1046 NW 133RD AVE MIAMI, FL 33182</b>			Mailing Address <b>1046 NW 133RD AVE MIAMI, FL 33182</b>		
2. Principal Place of Business <b>14978 SW 12TH LANE</b> Suite, Apt. #, etc.		3. Mailing Address <b>14978 SW 12TH LANE</b> Suite, Apt. #, etc.			
City & State <b>Miami FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>65-1133535</b>	
Zip <b>33194</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FERNANDEZ, ADOLFO 1046 NW 133RD AVE MIAMI, FL 33182</b>			7. Name and Address of New Registered Agent Name <b>ADOLFO FERNANDEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>14978 SW 12TH LANE</b> City <b>Miami</b> FL <b>33194</b>		
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  DATE <b>04/01/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS FERNANDEZ, ADOLFO 1046 NW 133RD AVE MIAMI, FL 33182		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 			Date <b>4-1-05</b> Daytime Phone # <b>305 553-6500</b>		