2007 FOR PROFIT CORPORATION

FILED Mar 20, 2007 8:00 am

DOCUMENT # P01000090808 1. Entity Name LO ULTIMO MAGAZINE, INC. Principal Place of Business 1800 WEST 49TH STREET SUITE 316 HIALEAH, FL 33012-2946 Mailing Address 1800 WEST 49TH STREET SUITE 316 HIALEAH, FL 33012-2946 Mailing Address 1800 WEST 49TH STREET SUITE 316 HIALEAH, FL 33012-2946	03-20-2007 90011 003 ***155.00 40038898	DOCUMENT # P01000090808 1. Entity Name LO ULTIMO MAGAZINE, INC. Principal Place of Business 1800 WEST 49TH STREET SUITE 316 03-20-2007 90011 003 ***155.00 40038898	ANNUAL REPORT					Secretary of State			
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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, an the obligations of registered agent. Torner— Masty Signature: Signature: Signature required when remaining and the state of Florida. I am familiar with, an analysis of Change in the obligations of registered agent and 1984 useful agent agen	County	Solution	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	14430 SAI MIAMI LAI D HERNANI 14430 SAI	MESTRE, CELIA C BAL DRIVE KES, FL 33014 DEZ, ALVARO A BAL DRIVE	☐ Delete ☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES TO	C+ C+ C+	ange ange ange	Addition Addition Addition
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Principal Place of Business Mailing Address	6	Principal Place of Business 1800 WEST 49TH STREET SUITE 316 Mailing Address 40038898 40038898						03-20-2	2007 90011 003	***15	55.00
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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:

C. Torres - Mestry

3-15-07

305-822-5550

CITY-ST-ZIP

CITY-ST-ZIP

Daytime Phone #