


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90715 039 \*\*\*150.00

**DOCUMENT # P01000104887**

1. Entity Name  
**INFOMOVIL TELEVISION & SYSTEMS CORP.**



Principal Place of Business  
**12314 SW 132 COURT**  
**STE A**  
**MIAMI, FL 33186**

Mailing Address  
**12314 SW 132 COURT**  
**STE A**  
**MIAMI, FL 33186**

2. Principal Place of Business  
**13200 SW 128 Street**  
 Suite, Apt. #, etc.  
**B-1**

3. Mailing Address  
**13200 SW 128 Street.**  
 Suite, Apt. #, etc.  
**B-1**

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip **33186** Country  
 Zip **33186** Country



04252004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1151698**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MERCED, JAMES**  
**13354 SW 143 TERR**  
**MIAMI, FL 33186**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**13200 SW 128 Street**  
**Suite B-1**  
 City **Miami** FL Zip **33186**

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 JAMES MERCED DATE 4/29/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Current Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MERCED, JAMES	13354 SW 143 TERR	MIAMI, FL 33186	<input type="checkbox"/>
STD	MERCED, MARIA P	13354 SW 143 TERR	MIAMI, FL 33186	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		13200 SW 128 Street, Suite B-1	Miami, FL 33186	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		13200 SW 128 Street, Suite B-1	Miami, FL 33186	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: JAMES MERCED DATE 4/29/04 DAYTIME PHONE # (786) 247-2224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR