

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000043145

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: ADVANCED CHANNELS ASSOCIATES, INC.

## Current Principal Place of Business:

2678 PALMER PLACE  
WESTON, FL 33332 US

## New Principal Place of Business:

## Current Mailing Address:

2678 PALMER PLACE  
WESTON, FL 33332 US

## New Mailing Address:

FEI Number: 47-0863270      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PONS, RAFAEL  
2678 PALMER PLACE  
WESTON, FL 33332 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ST ( ) Delete  
Name: PONS, RAFAEL  
Address: 2678 PALMER PLACE  
City-St-Zip: WESTON, FL 33332 US

Title: P ( ) Delete  
Name: LECAROS, NICOLAS  
Address: 11285 DONNINGTON DR.  
City-St-Zip: DULUTH, GA 30097

Title: VP ( ) Delete  
Name: MAURIZI, EDUARDO  
Address: 2184 ENSENADA TERRACE  
City-St-Zip: WESTON, FL 33327

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: RAFAEL PONS

ST

04/25/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date