

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000043145

FILED
Apr 05, 2006
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 33332

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: PONS, ANISA
Address: 2678 PALMER PLACE
City-St-Zip: WESTON, FL 33332

Title: VP () Change (X) Addition
Name: LECAROS, AMARILYS
Address: 11285 DONNINGTON DR.
City-St-Zip: DULUTH, GA 30097

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

04/05/2006

Electronic Signature of Signing Officer or Director

Date