## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 04, 2004 8:00 am Secretary of State DOCUMENT # P02000069500 1. Entity Name 05-04-2004 90195 038 \*\*\*150.00 STRATCOM HISPANIC, INC. Principal Place of Business Mailing Address 701 BRICKELL AVE 701 BRICKELL AVE 44068292 1650 MIAMI FL 33131 **MIAMI FL 33131** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 05-0521909 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARPER, GEORGE R Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVE 1650 **MIAMI FL 33131** City 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, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete **X** Addition TITLE TITLE [1] Change CAMILO GRANADA SILVA, MIGUEL NAME NAME 901 BRICKELL AVE STREET ADDRESS 701 BRICKELL AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP MIAMI, FL 33/31 Change STD **X** Delete TITLE TITLE Addition RAMIREZ, GLORIA I 701 BRICKELL AVE STREET ADDRESS STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME FRANCISCO, CLAUDIA D NAME 701 BRICKELL AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP **MIAMI FL 33131** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE SANTAMARIA, RICARDO STREET ADDRESS 701 BRICKELL AVE STREET ADDRESS **MIAMI FL 33131** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of 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

APRIL 10, 2004

address, with all other like empowered

of the corporation or the receiver changed, or on an attachment with

SIGNATURE:

FILED