## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AP)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 27, 2008 8:00 am Secretary of State **DOCUMENT # P02000072275** 1. Entity Name 05-27-2008 90035 007 \*\*\*150.00 ONDA MEXICANA RADIO GROUP, INC. Principal Place of Business Mailing Address 364 STORY RD 364 STORY RD OCOEE FL 34761-3006 OCOEE FL 34761-3006 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 630 EMERALDA U30 EMERALDA RD Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/07) #1<u>01</u> #101 City & State Çity & Ştate 4. FEI Number Applied For 27-0020169 ORIANDO, M Or Iango Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32804 y. A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PINEDA, OSCAR PINEDA, OSCAR Street Address (P.O. Box Number is Not Acceptable) 10.30 EMERALDA Ro. Stein #101 364 STORY RD OCOEE FL 34761-3006 ORLANDO 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 age Signature, typed or premed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Defete TITLE Change ☐ Addition PINEDA, OSCAR PINEDA, OSCAR NAME 630 EMERALDA RD. SULTE \$101 STREET ADDRESS 364 STORY RD STREET ADDRESS CITY-ST-ZIP OCOEE FL 34761-3006 CITY-ST-7IP ORIANDO, FI. 32808 TITLE ☐ Delete TITLE DS Change Addition NAME ALVARADO, LUCINA A LUBRADO LUCIMA A U30 EMERALDA RA SULTEAIOI NAME STREET ADDRESS 364 STORY RD STREET ADDRESS CITY-ST-7/P OCOEE FL 34761-3006 CITY-ST-ZIP ORIANDO, FI. 3280K TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE Addition Change MAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition MAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ De ete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 is 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.

FILED

04-18-08