


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90035 007 ***150.00

DOCUMENT # P02000072275 1. Entity Name ONDA MEXICANA RADIO GROUP, INC.			
Principal Place of Business 364 STORY RD OCOE FL 34761-3006		Mailing Address 364 STORY RD OCOE FL 34761-3006	
2. Principal Place of Business - No P.O. Box # 630 EMERALDA RD.		3. Mailing Address 630 EMERALDA RD.	
Suite, Apt. #, etc. #101		Suite, Apt. #, etc. #101	
City & State Orlando, FL.		City & State Orlando, FL.	
Zip 32808	Country USA	Zip 32808	Country USA
4. FEI Number 27-0020169			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PINEDA, OSCAR 364 STORY RD OCOE FL 34761-3006		7. Name and Address of New Registered Agent Name PINEDA, OSCAR Street Address (P.O. Box Number is Not Acceptable) 630 EMERALDA RD. SUITE #101 City Orlando FL Zip Code 32808	
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 Oscar Pineda DATE 4-28-8			
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when submitting)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution: <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PINEDA, OSCAR 364 STORY RD OCOE FL 34761-3006	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PINEDA, OSCAR 630 EMERALDA RD. SUITE #101 Orlando, FL. 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALVARADO, LUCINA A 364 STORY RD OCOE FL 34761-3006	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALVARADO, LUCINA A 630 EMERALDA RD SUITE #101 Orlando, FL. 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-18-08

Date

407-877-3378

Daytime Phone #