## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## CUMENT # P02000106173

ity Name

SIGNATURE

LE USA TODAY, INC.



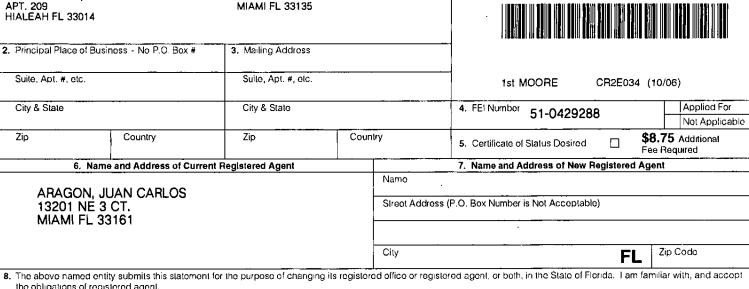
## FILED Apr 19, 2007 08:00 A Secretary of State

incipal Place of Business 2274 NW 80 ST., #2

Mailing Address

PO BOX 350817

**MIAMI FL 33135** 



the obligations of registered agent.

FILE NOW!!! FEE IS \$150.00

Signature, lyped or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**\$5.00** May Be

9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD ☐ Change Addition DHI Delete ARAGON, JUAN CARLOS NAME NAME 13201 NE 3 CT. STREET ADDRESS STREET ADDRESS MIAMI FL 33161 CITY+SI-ZIP CITY-SI-ZIP ☐ Change Addition HITE ☐ Defete Illit NAMI. NAMI STREET ADDRESS STREET LADDRESS CITY-SI-7IP CHY-SI-ZIE ☐ Change ■ Addition ☐ Delete me TITLE NAMI NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY S1-7IP U00000717758 Change noitibb | TITLE ☐ Defete mu. NAMI NAM 04/30/07-80060-023 150.00 STREET ADDRESS STREET ADDRESS CHY-ST-7IP CHY-ST-ZIP □ Change ■ Addition Delete ши nni NAMI NAME STREET ADDRESS STREET ADDRESS

Using does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information frue and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director owned to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 s, and all other like empowered. 12. I hereby certify that the information supplied with indicated on this report or supplemental report of the corporation or the receiver or trustee empower if changed, or on an attachment with an address.

CITY-SI-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

CITY-S1-ZIP

STREET ADDRESS CITY-SI-78

Title

NAME

Y ED OF PRINTED NAME OF SIGNIN

Delete

7%/4%-7632

Change

☐ Addition