


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90323 040 \*\*\*150.00

DOCUMENT # P03000009988		
1. Entity Name LA CONGA MAGAZINE, CORP		

Principal Place of Business 121 SW 57 COURT MIAMI, FL 33144	Mailing Address 121 SW 57 COURT MIAMI, FL 33144
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2. Principal Place of Business - No P.O. Box # 4330 NW 11 STREET	3. Mailing Address 4330 NW 11 STREET
Suite, Apt. #, etc. B	Suite, Apt. #, etc. B
City & State Miami, FL	City & State Miami, FL
Zip 33126	Country U.S.

40063611



04122007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent PUJALS, MERCEDES S 121 SW 57 COURT MIAMI, FL 33144		7. Name and Address of New Registered Agent Name: PUJALS, MERCEDES S. Street Address (P.O. Box Number is Not Acceptable): 4330 NW 11 STREET APT B. City: Miami FL Zip Code: 33126	
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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: *Mercedes S. Pujals* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PUJALS, MERCEDES S 121 SW 57 COURT MIAMI, FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PUJALS, MERCEDES S 121 S W 57 COURT MIAMI, FL 33144 <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
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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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mercedes S. Pujals* Date: April 13-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR