

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90020 048 \*\*\*150.00

**DOCUMENT # P03000020705**

1. Entity Name  
**EDITORIAL MAGAZINE CORP.**



Principal Place of Business  
**3730 NW 88 AVE APT 447  
SUNRISE, FL 33351**

Mailing Address  
**3730 NW 88 AVE APT 447  
SUNRISE, FL 33351**

**94046953**

2. Principal Place of Business  
**6521 NW 70 Ave**

3. Mailing Address  
**6521 NW 70 Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292004

Chg-P

CR2E034 (10/03)

City & State  
**Tamarac, FL**

City & State  
**Tamarac, FL**

4. FEI Number  
**65-1175407**

Applied For  
Not Applicable

Zip  
**33321**

Country  
**US**

Zip  
**33321**

Country  
**US**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**AGUILAR, RUBEN E  
3730 NW 88 AVE APT 447  
SUNRISE, FL 33351**

**7. Name and Address of New Registered Agent**

Name  
**Ruben Aguilar**

Street Address (P.O. Box Number is Not Acceptable)

**6521 NW 70 Ave**

City  
**Tamarac**

**FL**

Zip Code  
**33321**

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

**Ruben Aguilar President**

**3-29-04**

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  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **AGUILAR, RUBEN E**  
STREET ADDRESS **3730 NW 88 AVE APT 447**  
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE **D** ☒ Delete  
NAME **LAGOUARDE, BEATRIZ L**  
STREET ADDRESS **3730 NW 88 AVE APT 447**  
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE **D** ☒ Delete  
NAME **SANCHEZ, CARLOS R**  
STREET ADDRESS **3730 NW 88 AVE APT 447**  
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE **D** ☐ Delete  
NAME **AGUILAR, CRISTIAN G**  
STREET ADDRESS **3730 NW 88 AVE APT 447**  
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE **D** ☒ Delete  
NAME **AGUILAR, AMORINA C**  
STREET ADDRESS **3730 NW 88 AVE APT 447**  
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE **D** ☒ Delete  
NAME **AGUILAR, MELINA A**  
STREET ADDRESS **3730 NW 88 AVE APT 447**  
CITY-ST-ZIP **SUNRISE, FL 33351**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P** ☒ Change ☐ Addition  
NAME **Aguilar, Ruben E**  
STREET ADDRESS **6521 NW 70 Ave**  
CITY-ST-ZIP **Tamarac, FL 33321**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition  
NAME **Aguilar, Cristian G**  
STREET ADDRESS **6521 NW 70 Ave**  
CITY-ST-ZIP **Tamarac, FL 33321**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:**

**Ruben Aguilar**

**3-29-04**

**786-247-2520**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #