

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90082 042 \*\*\*150.00

DOCUMENT # P03000029572

1. Entity Name  
MACHADO/GARCIA-SERRA PUBLICIDAD, INC.



Principal Place of Business  
232 ANDALUSIA  
SUITE 201  
CORAL GABLES, FL 33134 US

Mailing Address  
232 ANDALUSIA  
SUITE 201  
CORAL GABLES, FL 33134 US

2. Principal Place of Business  
2725 SW 3rd Ave.

3. Mailing Address  
2725 SW 3rd. Ave!

Suite, Apt. #, etc.



01062005 Chg-P CR2E034 (10/03)

City & State  
Miami, FL

City & State  
Miami, FL

4. FEI Number  
56-2328168

Applied For  
Not Applicable

Zip  
33129

Country  
US

Zip  
33129

Country  
US

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

6. Name and Address of Current Registered Agent  
RAMOS, JORGE H ESQ.  
150 ALHAMBRA CIRCLE  
SUITE 1150  
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent  
Name Alberto Garcia-Serra  
Street Address (P.O. Box Number is Not Acceptable)  
2725 SW 3rd Ave.  
City Miami FL Zip Code 33129

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 DATE 4-11-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACHADO, MANUEL E 232 ANDALUSIA AVENUE, SUITE 201 CORAL GABLES, FL 33134 <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	S GARCIA-SERRA, AL 232 ANDALUSIA AVENUE, SUITE 201 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: DATE 4-11-05 DAYTIME PHONE # (305) 856-7474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR