

# 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.

Suite, Apt. #, etc.

City & State  
Miami, FL

City & State  
Miami, FL

Zip  
33129

Country  
US

Zip  
33129

Country  
US

01062005

Chg-P

CR2E034 (10/03)

4. FEI Number  
56-2328168

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMOS, JORGE H ESQ.  
150 ALHAMBRA CIRCLE  
SUITE 1150  
CORAL GABLES, FL 33134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-05

**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 P  
NAME MACHADO, MANUEL E  
STREET ADDRESS 232 ANDALUSIA AVENUE, SUITE 201  
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete

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

TITLE S  
NAME GARCIA-SERRA, AL  
STREET ADDRESS 232 ANDALUSIA AVENUE, SUITE 201  
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-05

Date

(305) 856-7474

Daytime Phone #