
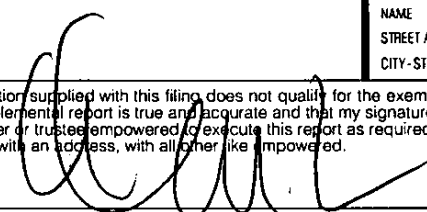


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90038 028 \*\*\*150.00

DOCUMENT # P03000029572			
1. Entity Name MACHADO/GARCIA-SERRA PUBLICIDAD, INC.			
Principal Place of Business 2725 SW 3RD AVE MIAMI, FL 33129 US		Mailing Address 2725 SW 3RD AVE SUITE 201 MIAMI, FL 33129 US	
2. Principal Place of Business 1500 DOUGLAS ROAD Suite, Apt. #, etc. 230 City & State CORAL GABLES, FL Zip 33134 Country USA		3. Mailing Address 1500 DOUGLAS ROAD Suite, Apt. #, etc. 230 City & State CORAL GABLES, FL Zip 33134 Country USA	
4. FEI Number 56-2328168		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA-SERRA, ALBERTO 2725 SW 3RD AVE MIAMI, FL 33129		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1500 DOUGLAS ROAD #230 City CORAL GABLES FL Zip Code 33134	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 1500 DOUGLAS ROAD #230 CITY-ST-ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME GARCIA-SERRA, AL STREET ADDRESS 232 ANDALUSIA AVENUE, SUITE 201 CITY-ST-ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 1500 DOUGLAS ROAD #230 CITY-ST-ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: 		Date 1-16-06	Daytime Phone # (305) 856-7474