

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000061056

FILED
Apr 23, 2004
Secretary of State

Entity Name: INSTITUTO DE PERIODISMO Y COMUNICACION MAX AUB, INC

Current Principal Place of Business:

4823 NW 107 PATH
MIAMI, FL 33178

New Principal Place of Business:

937 SW 148 PL
MIAMI, FL 33194

Current Mailing Address:

4823 NW 107 PATH
MIAMI, FL 33178

New Mailing Address:

937 SW 148 PL
MIAMI, FL 33194

FEI Number: 42-1594331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GBS CONSULTANTS
1290 WESTON RD.
SUITE 306
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AUB, MAX
Address: 4823 NW 107 PATH
City-St-Zip: MIAMI, FL 33178

Title: VD () Delete
Name: CUCALON, LUIS
Address: 4823 NW 107 PATH
City-St-Zip: MIAMI, FL 33178

Title: S (X) Delete
Name: CUCALON, LORENA
Address: 4823 NW 107 PATH
City-St-Zip: MIAMI, FL 33178

Title: T (X) Delete
Name: ROMERO, LUISA F
Address: 4823 NW 107 PATH
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: AUB, MAX
Address: 937 SW 148 PL
City-St-Zip: MIAMI, FL 33194

Title: VTD (X) Change () Addition
Name: ROMERO, LUISA F
Address: 937 SW 148 PL
City-St-Zip: MIAMI, FL 33194

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAX AUB

PSD

04/23/2004

Electronic Signature of Signing Officer or Director

Date