2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000079871

1. Entity Name

VOCES DE AMERICA ENTERTAINMENT, INC.



**FILED** Apr 03, 2006 08:00 AM Secretary of State

Principal Place of Business

9440 POINCIANA PLACE

FORT LAUDERDALE, FL 33324

Mailing Address

9440 POINCIANA PLACE

DO NOT WRITE IN THIS SPACE

FORT LAUDERDALE, FL 33324



03272006

No Chg-P

CR2E034 (11/05)

4. FEI Number 54-2119089 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATINO, JOHN W 15331 SW 73 TERR, CIRCLE #5

## DO NOT WRITE

MIAMI, FL 33193			IN THIS SPACE	
	named entity submits this statement for the plans of registered agent.	ourpose of changing its registered office of	or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of registered agent and title	If applicable (NOTE: Registered Agent signa	ture required when reinstating)	DAYE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATINO, JOHN W 12154 ST ANDREWS PLAPT 8#5 MIRAMAR, FL 33025			
TITLE NAME STREET AGORESS CITY-ST-ZIP				000000487633 04/14/86-80002-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NOT WRITE
TITLE			IKI '	TUIC CDACE

IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 attachi

NAME STREET ADDRESS Citt'- St-21P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NG OFFICER OR DIRECTOR