

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90431 012 ***150.00

DOCUMENT # P03000096857

1. Entity Name
EVENTOS MAGAZINE, CORP



Principal Place of Business
11750 SW 18 ST APT 316
MIAMI, FL 33165

Mailing Address
11750 SW 18 ST APT 316
MIAMI, FL 33165

40074639



04262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

2700 SW 36 AVE
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 141665
Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Coral Gables, FL

Zip

33133

Country

Zip

33114

Country

USA

4. FEI Number

20-0243904

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, HILDA
11750 SW 18 ST APT 316
MIAMI, FL 33165

7. Name and Address of New Registered Agent

Name SAUL LAGUILLO

Street Address (P.O. Box Number is Not Acceptable)
2700 SW 36 AVE

City MIAMI

FL

Zip Code 33133

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 *Hilda Alvarez*

(NOTE: Registered Agent signature required when reinstating)

DATE 4/26/05

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

TITLE D
NAME ALVAREZ, HILDA
STREET ADDRESS 11750 SW 18 ST APT 316
CITY-ST-ZIP MIAMI, FL 33165 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME SAUL LAGUILLO
STREET ADDRESS 2700 SW 36 AVE
CITY-ST-ZIP MIAMI, FL 33133 ☐ Change ☒ Addition

TITLE SECRETARY
NAME ALBERTO TAMARGO
STREET ADDRESS 2611 SW 111th CT
CITY-ST-ZIP MIAMI FL 33165 ☐ Change ☒ Addition

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

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

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

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)(l), 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: *Hilda Alvarez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/26/05

Date

Daytime Phone #