2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000097594

HERNANDEZ, JOSE

MIAMI, FL 33173

6421 SW 116 COURT UNIT G

Name:

Address: City-St-Zip:

Apr 28, 2004 Secretary of State

Entity Name: ALTERNATIVA ADVERTISING, INC. **Current Principal Place of Business: New Principal Place of Business:** 2125 BISCAYNE BLVD #340 MIAMI, FL 33137 **Current Mailing Address: New Mailing Address:** 2125 BISCAYNE BLVD #340 MIAMI, FL 33137 **FEI Number:** FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PELAEZ, LUIS 2125 BISCAYNE BLVD #340 MIAMI, FL 33137 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PELAEZ, LUIS Name: Name: 2125 BISCAYNE BLVD #340 Address: Address: City-St-Zip: MIAMI, FL 33137 City-St-Zip: Title: Title: () Delete () Change () Addition Name: ORTIZ, MARAY Name: 2125 BISCAYNE BLVD #340 Address: Address: City-St-Zip: MIAMI, FL 33137 City-St-Zip: Title: Title: () Delete () Change () Addition VICTORI, FRANCISCO Name: Name: 2125 BISCAYNE BLVD #340 Address: Address: City-St-Zip: MIAMI, FL 33137 City-St-Zip: Title: (X) Delete Title: () Change () Addition TIRADO-YEPES, CARLOS Name: Name: Address: 5914 TAYLOR ST #2 Address: City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: Title: (X) Delete Title:

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LUIS PELAEZ D 04/28/2004

() Change () Addition