
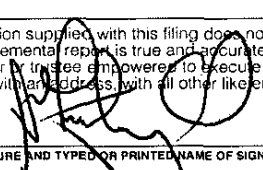


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90034 027 ***150.00

| | | | | | |
|---|---|--|--|---|--|
| DOCUMENT # P03000098629 1. Entity Name AWA BROADCASTING GROUP, INC. | | | |  | |
| Principal Place of Business 2495 W 80 STREET STE 1 HIALEAH, FL 33016 | | | Mailing Address 2495 W 80 STREET STE 1 HIALEAH, FL 33016 | | |
| 2. Principal Place of Business 7901 W. 25 ST | | 3. Mailing Address 7901 W 25 ST | | | |
| Suite, Apt. #, etc. 2 | | Suite, Apt. #, etc. 2 | | | |
| City & State HIALEAH FL | | City & State HIALEAH FL | | 4. FET Number 20-0211486 | |
| Zip 33016 | | Country DADE | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GUTIERREZ, ALEJANDRO 2495 W 80 STREET STE 1 HIALEAH, FL 33016 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY- ST- ZIP | D JARAMILLO, WALTER 11441 NW 190 AVE MIRAMAR, FL 33029 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D GUTIERREZ, ALEJANDRO 3200 SW 190 AVE MIRAMAR, FL 33029 | | <input type="checkbox"/> Delete | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 my address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date</small> | | | | | |
| <small>Daytime Phone #</small> | | | | | |