

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90079 035 ***150.00

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|---|--|---|---|---|--|
| DOCUMENT # P04000040909 1. Entity Name PERIODICO HISPANIDAD, INC. | | | | | |
| Principal Place of Business 4636 W IRLO BRONSON HWY SUITE O KISSIMMEE, FL 34746 | | | Mailing Address 4636 W IRLO BRONSON HWY SUITE O KISSIMMEE, FL 34746 | | |
| 2. Principal Place of Business 3501 W Vine St. Suite, Apt. #, etc. 336 | | 3. Mailing Address Suite, Apt. #, etc. City & State Kissimmee FL | | | |
| City & State Kissimmee FL | | City & State Kissimmee FL | | 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| Zip 34741 | | Country United States | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PEREZ, JORGE 4636 W IRLO BRONSON HWY SUITE O KISSIMMEE, FL 34746 | | | 7. Name and Address of New Registered Agent Name Luis Ramos Street Address (P.O. Box Number is Not Acceptable) 3501 W Vine St #336 City Kissimmee FL Zip Code 34741 | | |
| 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: <i>[Signature]</i> Luis Ramos President DATE: 3/23/05 <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, 2005 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 P NAME PEREZ, JORGE STREET ADDRESS 4636 W IRLO BRONSON HWY SUITE O CITY-ST-ZIP KISSIMMEE, FL 34746 | <input checked="" type="checkbox"/> Delete | | TITLE P NAME RAMOS, LUIS STREET ADDRESS 4636 W IRLO BRONSON HWY SUITE O CITY-ST-ZIP KISSIMMEE, FL 34746 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VP T NAME RAMOS, LUIS STREET ADDRESS 4636 W IRLO BRONSON HWY SUITE O CITY-ST-ZIP KISSIMMEE, FL 34746 | <input type="checkbox"/> Delete | | TITLE P NAME RAMOS, LUIS STREET ADDRESS 3501 W Vine St. # 336 CITY-ST-ZIP KISSIMMEE, FL 34741 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>[Signature]</i> Luis Ramos - Pres. 3-23-05 407-361-1124 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |