2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2005 8:00 am Secretary of State

DOCUMENT # P04000113433 1. Entity Name HISPANICCELEBRATIONS.COM, INC.					02-28-2005 9	00238 003 ***150	0.00
Principal Plac 8963 CROWN FORT MYERS	N BRIDGE WAY	Mailing Address 8963 CROWN BRIDGE FORT MYERS, FL 3390				;	-
2 Principal P	Place of Business	2 Mailing Addrson					
Suite, Apt.	AME	3. Mailing Address SAM Suite, Apt. #, etc.	٤	_	AN MINAN MANUL BANK NEKA	II (1841 1188 1116 81888 11188 11	
City & Stat		City & State		01282005	Chg-P	CR2E034 (10/03)	plied For
Zip	Country	Zip	Country		13357) No	t Applicable
Σip	<u> USA</u>		Country	5. Certificate of		S8.75 Add Fee Require	
	- 6. Name and Address of Current	Registered Agent	Name		aaress of New H	egistered Agent_	
SOLHEIM, ARTHUR J 8963 CROWN BRIDGE WAY			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
FORTMY	ERS, FL 33908				T. (1) (1)		
			City			FL Zip Cod	е
8. The above the obligat	named entity submits this statement fo tions of registered agent.	r the purpose of changing its	registered office or regist	tered agent, or both,	in the State of Flo	orida. I am familiar with,	and accept
SIGNATURE.							
	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signature requir	ired when reinstating)	<u>.</u>	DATE	
FILE	Signature, typed or printed name of registered agent of the second secon	9. Election Campa	E: Registered Agent signature requir	5.00 May Be	-	DATE	
FILE	Signature, typed or printed name of registered agent in the second secon	9. Election Campa	ign Financing \$	5.00 May Be dded to Fees		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campa Trust Fund Cont	tign Financing \$ tribution.	5.00 May Be dded to Fees	HANGES TO OFFI	ICERS AND DIRECTOR	
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2. 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:

A.J.So.Lhei M

2/24/05

239/489-1900