

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90300 024 \*\*\*150.00

**DOCUMENT # P04000145222**

1. Entity Name  
**ESTUDIO LATINO, INC.**



Principal Place of Business

5441 W. 24 AVE  
34  
HIALEAH, FL 33016

Mailing Address

5621 NW 188 STREET  
CONDOMINIUM MONTERREY  
OPALOCKA, FL 33055

**50011653**



2. Principal Place of Business

**5373 W 22 CT**

3. Mailing Address

**5373 W 22 CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062006 Chg-P CR2E034 (11/05)

City & State

**HIALEAH, FLORIDA**

City & State

**HIALEAH, FLORIDA**

Zip

**33016**

Country

**USA**

Zip

**33016**

Country

**USA**

4. FEI Number  
**30-0279197**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MALDONADO, EDUARDO**  
5441 W. 24 AVE  
34  
HIALEAH, FL 33016

7. Name and Address of New Registered Agent

Name **MALDONADO, EDUARDO**  
Street Address (P.O. Box Number is Not Acceptable)

**5373 W 22 CT**

City **HIALEAH, FLORIDA**

FL

Zip Code **33016**

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

**EDUARDO MALDONADO**

**4/6/06**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **MALDONADO, EDUARDO**  
STREET ADDRESS **5621 NW 188 STREET- CONDOMINIUM MONTERREY**  
CITY-ST-ZIP **OPALOCKA, FL 33055**

TITLE **VP** ☐ Delete  
NAME **CABRERA, SELENE**  
STREET ADDRESS **5621 NW 188 STREET- CONDOMINIUM MONTERREY**  
CITY-ST-ZIP **OPALOCKA, FL 33055**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **MALDONADO, EDUARDO**  
STREET ADDRESS **5373 W 22 CT**  
CITY-ST-ZIP **HIALEAH, FLORIDA 33016**

TITLE **VP** ☒ Change ☐ Addition  
NAME **CABRERA, SELENE**  
STREET ADDRESS **5373 W 22 CT**  
CITY-ST-ZIP **HIALEAH, FLORIDA 33016**

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

**EDUARDO MALDONADO**

**4/6/06**

**305-231-1328**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #