


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90268 010 ***150.00

DOCUMENT # P04000153892 1. Entity Name LIFE MEDIA ADVERTISING, INC.					
Principal Place of Business 5214 N.E. 3RD COURT SUITE #2 MIAMI, FL 33137			Mailing Address 5214 N.E. 3RD COURT SUITE #2 MIAMI, FL 33137		
2. Principal Place of Business 9022 S.W. 123 COURT SUITE, Apt. #, etc. 0-303			3. Mailing Address SAME		
City & State Miami, FL			City & State SAME		
Zip 33186		Country USA		4. FEI Number 04222005 Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input checked="" type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent ABUJAMRA, ARAY 5214 N.E. 3RD COURT SUITE #2 MIAMI, FL 33137			7. Name and Address of New Registered Agent Name Fabiano Bernardo Street Address (P.O. Box Number is Not Acceptable) 9022 S.W. 123 CT # 0-303 City Miami FL Zip Code 33186		
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 X  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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTB ABUJAMRA, ARAY 5214 N.E. 3RD COURT MIAMI, FL 33137	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FABIANO BERNARDO 9022 S.W. 123 CT #0-303 Miami, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERNARDO, FABIANO 5214 N.E. 3RD COURT MIAMI, FL 33137	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Pd. ARAY ABUJAMRA 9022 S.W. 123 CT #0-303 Miami, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____		