

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90108 047 ***150.00

DOCUMENT # P05000058841

1. Entity Name
PASION COMMUNICATION, INC.



Principal Place of Business

2332 GALIANO ST.
CORAL GABLES, FL 33134

Mailing Address

2332 GALIANO ST.
CORAL GABLES, FL 33134

2. Principal Place of Business

✓ 955 S.W. 2nd ave

3. Mailing Address

✓ 955 S.W. 2nd ave.

Suite, Apt. #, etc.

✓ Apt # 1101

Suite, Apt. #, etc.

✓ Apt. 1101

City & State

✓ Miami / Florida

City & State

✓ Florida

Zip

✓ FL 33130

Country

✓ U.S.A.

Zip

✓ 33130.

Country

✓ U.S.A.

02232006

Chg-P

CR2E034 (11/05)

4. FEI Number

✓ 20-234 1083

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LOPEZ, REYNALDO
2332 GALIANO ST.
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

✓ 955 SW 2nd ave.

✓ Apt. # 1101

City Miami

FL

Zip Code 33130.

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

✓ Ray

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03/22/06.

**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 PST
NAME LOPEZ, REYNALDO
STREET ADDRESS ~~2332 GALIANO ST.~~
CITY-ST-ZIP ~~CORAL GABLES, FL 33134~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/06. (786) 443-8101

Date

Daytime Phone #