

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90141 012 ***150.00

DOCUMENT # P05000081226

1. Entity Name
REALMEDIAPUBLISHING.COM, CORP.



Principal Place of Business

5421 SW 5TH TERRACE
CORAL GABLES, FL 33134

Mailing Address

5421 SW 5TH TERRACE
CORAL GABLES, FL 33134

2. Principal Place of Business

4144 SW 97 CT

Suite, Apt. #, etc.

3. Mailing Address

4144 SW 97 CT

Suite, Apt. #, etc.

City & State

MIAMI - FLORIDA

City & State

MIAMI - FLORIDA

Zip

33185

Country

Zip

33185

Country

04012006

Chg-P

CR2E034 (11/05)

4. FEI Number

16 1726442

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANOVAS, PLACIDO
5421 SW 5TH TERRACE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name LESTER MORENO

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

4144 SW 97 CT

City MIAMI

FL

Zip Code 33185

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/2006

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 PD
NAME CANOVAS, PLACIDO
STREET ADDRESS 5421 SW 5TH TERRACE
CITY-ST-ZIP CORAL GABLES, FL 33134 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME LESTER MORENO
STREET ADDRESS 4144 SW 97 CT
CITY-ST-ZIP MIAMI - FL - 33185 ☐ Change ☒ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

4/2/2006 305-323-3233

Date

Daytime Phone #