2007 FOR PROFIT CORPORATION ANNUAL REPORT FILED Apr 02, 2007 08:00 AM Secretary of State **DOCUMENT # P05000168078** 1. Entity Name DC PUBLICATIONS INC. Principal Place of Business Mailing Address 2010 SW 132 AVENUE 2010 SW 132 AVENUE MIAMI, FL 33175 US MIAMI, FL 33175 US 01292007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0416979 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BECERRA, JOSE DO NOT WRITE 2010 SW 132 AVENUE MIAMI, FL 33175 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.

Added to Fees

10. OFFICERS AND DIRECTORS TITLE PS NAME BECERRA, JOSE STREET ADDRESS 2010 SW 132 AVENUE CITY-ST-ZIP MIAMI, FL 33175 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

U00000686095 04/09/07-80032-003 158.79

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied of the 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 trule 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 truster simpowered 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 adoptess, with all other like empowered.

SIGNATURE:

TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO