FILED Jun 12, 2007 8:00 am Secretary of State 05-02-2007 90106 036 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0600003027 1. Entity Name BERROJO & ASSOCIATES ADVERTISING INC.												
Principal Place of Business			М	Mailing Address				004	140H00			
442 W KENNEDY BOULEVARD Suite 200				PO BOX 21552 TAMPA, FL 33622 US				661	018730			
TAMPA, FL: 3360	oo us							1 10 0 0 0 0 0 0 0	H ARTO DIN SPIBLIT	M 24M ETM I	EDITE OUR EATER RET	8 (38)38) II (38)
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04302007	Chg-P	CF	R2E034 (†2/0	
City & State				City & State				4. FEI Numb)	\vdash	Applied For Not Applicable
Zip	Country			Zip Cour		ntry			ol Status Desir		\$8.75 / Fee Requ	Additional
	5. Name and Address of Current Registered Agent							7. Name an	d Address of N	w Registe	red Agent	
BERROIO IO	JOEON	n				Name						
BERROJO, JOSEPH D 442 W KENNEDY BOULEVARD SUITE 200						Street Address (P.O. Box Number is Not Acceptable)						
TAMPA, FL 33606											,	
						City					FL Zip C	ode
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												
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees												
10.								ADDITIONS	CHANGES TO	OFFICERS	AND DIRECTO	ORS IN 11
1	P Delete III										☐ Chang	pe 🔲 Addition
CITY-SI-ZIP TA	TAMPA, FL 33606					r-ST-ZIP						
THE						ILL					☐ Chang	ge 🔲 Addition
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CITY-ST-ZIP						ا ندید						
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NAME Amerikanograp					NAM							
SIREEI ADDRESS :					1	EET ADORESS (-S1-ZIP		•				
12. I hersby certif	fy that the	information supplied	with this f	iling does not qualify	for the ex	emptions con	ntained	in Chapter 11	9, Florida Status	as. I furthe	r certify that the	e information
12. Thereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trustee emprevered 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 additional statutes. With all other like empowered.												
changed, or on an attachment with an still state, with all other like empowered.												
SIGNATUR	RE:	SIGNATURE AND TYPE	ON PRINTE	NAME OF BIGNING OFFICE	A ON DIREC	TOR			4/25/07	7	Davims Phone	