


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2007 8:00 am
Secretary of State

06-26-2007 90001 020 ***150.00

DOCUMENT # P06000016945		
1. Entity Name LA PRENSA DOMINICANA DE LA FLORIDA, INC.		

Principal Place of Business 10522 SW 148TH AVENUE DR MIAMI, FL 33196	Mailing Address 10522 SW 148TH AVENUE DR MIAMI, FL 33196
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2. Principal Place of Business - No P.O. Box # 10522 SW 148th Ave Drive	3. Mailing Address Suite, Apt. #, etc.
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City & State MIAMI - FL	City & State
Zip 33196	Country USA

05252007 Chg-P CR2E034 (12/06)	
4. FEI Number EIN 20-2445577	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BARROS, CANDIDA R 10522 SW 148TH AVENUE DR MIAMI, FL 33196	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 reinstalling)	DATE
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FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARROS, CANDIDA R 10522 SW 148TH AVENUE DR MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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: 	DATE: JUNE 18/2007	DAYTIME PHONE #: (782) 226-5579
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