

2007

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90834 024 \*\*\*150.00

<b>DOCUMENT #</b> P06000101323
<b>1. Entity Name</b> Onchannel Communications Corp.

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 4746 N.W. 107th Ave. Suite, Apt. #, etc. Suite 1011 City & State Doral, FL Zip 33178-4244	<b>3. Mailing Address</b> 4746 N.W. 107th Ave. Suite, Apt. #, etc. Suite 1011 City & State Doral, FL Zip 33178-4244
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<b>4. FEI Number</b> 20-5315203	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	Name Garcia, Salomon	
	Street Address (P.O. Box Number is Not Acceptable) 4746 N.W. 107th Ave.	
	City Doral	Zip Code FL 33178

**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

<b>January 1 - May 1, Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$81.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b>	D/P	<b>TITLE</b>	
<b>NAME</b>	Garcia, Salomon	<b>NAME</b>	
<b>STREET ADDRESS</b>	4746 N.W. 107th Ave.	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	Doral, FL 33178	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	D/S/T	<b>TITLE</b>	
<b>NAME</b>	Garcia, Mauricio	<b>NAME</b>	
<b>STREET ADDRESS</b>	4746 N.W. 107th Ave.	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	Doral, FL 33178	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	

DO NOT WRITE IN THIS SPACE

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Salomon Garcia

Date

Daytime Phone #

04/23/07

305-597-9305