

2007 FOR PROFIT CORPORATION ANNUAL REPORT

05-04-2007 90079 038 ***150.00
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07 MAY 17 AM 9:42

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P06000117317					
1. Entity Name ELEBECE MEDIA, INC.					
Principal Place of Business % JULIAN RODRIGUEZ, PA 95 MERRICK WAY SUITE 250 CORAL GABLES, FL 33134			Mailing Address % JULIAN RODRIGUEZ, PA 95 MERRICK WAY SUITE 250 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-5527431	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE STE 125 CORAL GABLES, FL 33146				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BORRELLI, PASCUALE %2801-PONCE DE-LEON-BLVD - STE 1000 CORAL GABLES, FL 33134	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST FRISO, MARY C %2801-PONCE DE-LEON-BLVD - STE 1000 CORAL GABLES, FL 33134	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRISO, MARY C %2801-PONCE DE-LEON-BLVD - STE 1000 CORAL GABLES, FL 33134	☐ Delete			
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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: 04-27-07 305-477-9887			