

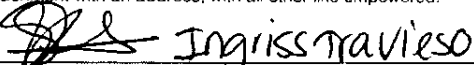


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2007 90184 013 ***150.00

DOCUMENT # P06000129910					
1. Entity Name CONTISIGNAL ADVERTISING, INC.					
Principal Place of Business 8819 NW 169 TERR MIAMI LAKES, FL 33018 US		Mailing Address 8819 NW 169 TERR MIAMI LAKES, FL 33018 US			
2. Principal Place of Business - No P.O. Box # SAME		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 36 4597 221	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NUNEZ, MANUEL A 8819 NW 169 TERR MIAMI LAKES, FL 33018			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 		Manuel A. Nunez		04/23/07	
Signature, typed or printed name of registered agent and title if applicable		(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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNEZ, MANUEL		NAME	TRAVIESO, INGRIS	
STREET ADDRESS	8819 NW 169 TERR		STREET ADDRESS	8819 NW 169 TERR	
CITY-ST-ZIP	MIAMI LAKES, FL 33018		CITY-ST-ZIP	MIAMI LAKES, FL 33018	
TITLE	DIR	<input checked="" type="checkbox"/> Delete	TITLE	DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNEZ, MANUEL		NAME	TRAVIESO, INGRIS	
STREET ADDRESS	8819 NW 169 TERR		STREET ADDRESS	8819 NW 169 TERR	
CITY-ST-ZIP	MIAMI LAKES, FL 33018		CITY-ST-ZIP	MIAMI LAKES, FL 33018	
TITLE	DIR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAVIESO, INGRIS		NAME		
STREET ADDRESS	8819 NW 169 TERR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33018		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAVIESO, INGRIS		NAME		
STREET ADDRESS	8819 NW 169 TERR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33018		CITY-ST-ZIP		
TITLE	TREA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAVIESO, INGRIS		NAME		
STREET ADDRESS	8819 NW 169 TERR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33018		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		Ingris Travieso		04/23/07	
Signature and typed or printed name of signing officer or director				Date	
				786-260-5486	
				Daytime Phone #	