

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2008 8:00 am
Secretary of State

07-10-2008 90014 017 ***150.00

DOCUMENT # P07000113721

1. Entry Name
MAD & DEL MONTE MEDIA CORP



Principal Place of Business
**8748 NW 112 ST.
HIALEAH GARDENS, FL 33018**

Mailing Address
**8748 NW 112 ST
HIALEAH GARDENS, FL 33018**

10110004



2. Principal Place of Business (if different from 1.)

3. Mailing Address (if different from 2.)

State Apt # etc

State Apt # etc

07072008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
26-1250155

Applied For
(Not Applicable)

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEL MONTE, ARTURO W
8748 NW 112 ST
HIALEAH GARDENS, FL 33018**

Address (P.O. Box Number is Not Acceptable)

FL Zip Code

8. The above named entry submits this statement of 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 of the person filing this report (if not the registered agent, the signature of the registered agent is required)

Date

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Fund Contribution ☐

\$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.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME: **PTD**
STREET ADDRESS: **DEL MONTE, ARTURO W**
CITY & STATE: **8748 NW 112 ST
HIALEAH GARDENS, FL 33018**

NAME: ☐ Delete ☐ Change ☐ Addition

NAME: **VSD**
STREET ADDRESS: **VIZCAINO, MARIA A**
CITY & STATE: **1109 HATTERAS CIR
GREENACRES, FL 33413**

NAME: ☐ Delete ☐ Change ☐ Addition

NAME: ☐ Delete

NAME: ☐ Change ☐ Addition

NAME: ☐ Delete

NAME: ☐ Change ☐ Addition

NAME: ☐ Delete

NAME: ☐ Change ☐ Addition

NAME: ☐ Delete

NAME: ☐ Change ☐ Addition

12. I hereby certify that the information supplied in this filing is true and accurate and that the 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 to this address with all other like empower.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/07/08 786 257 7308