2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000013832

1. Entity Name

EL UNIVERSAL NEWS & MAGAZINE, INC.



Principal Place of Business

Mailing Address

1393 SW FIRST STREET

SUITE 207 MIAMI, FL 33135 US

P.O. BOX 522455 MIAMI, FL 33152-2455 US FILED May 01, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

04262007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0423121

Applied For Not Applicable

5. Certificate of Status Desired

E

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARINA, EVARISTO L 1393 SW FIRST STREET #207 MIAMI, FL 33135 DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the pions of registered agent.	urpose of changing its registered off	ice or r	egistered agent, or bo	oth, in the State of Florida. I an	n familiar with, and accept	
CICNIATURE				U00000750312			
SIGNATURE.	Signature, typed or printed name of registered agent and title ill applicable. (NOTE: Registered Agent signature required when reinstat				, 05/13/07-800G6-014 8.75		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	U0000075031 05/18/07-80056		
10. OFFICERS AND DIREC		CTORS		05/18/07-80056-015 1		The Cartie	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MARINA, EVARISTO L 1393 SW FIRST STREET, #207 MIAMI, FL 33135				to Park port of the second		
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TITLE NAME STREET ADDRESS					NOT MOIT	•	

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12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINCED NAME OFFICIANG OFFICER OR DIRE

EVARISTO L. MARINA 4-27-01

Daytime Phone #