2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 09, 2007 08:00 AM DOCUMENT # P93000040815 **Secretary of State** 1. Enlity Namo DIARIO DE LA MARINA, INC. Principal Place of Business Mailing Address 7059 SW 115 PL 7059 SW 115 PL MIAMI FL 33173 MIAMI FL 33173 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, ctc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0506772 Not Applicab Zip. Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo ORDONEZ, MARIA Street Address (P.O. Box Number is Not Acceptable) 7059 SW 115 PL #B MIAMI FL 33173 City 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 accepthe obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agont and little if applicable (NOTE, Registered Agen/ signature required when rematating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PΩ ☐ Change Addition 11111 ☐ Delete 1011 ORDONEZ, MARIA NAM NAME U00000628657 7059 SW 115 PL #B STREET ADDRESS STREET ADDRESS 02/16/07-80026-001 150.00 **MIAMI FL 33173** CITY SEZIE CITY S1-ZIP Delete 11111 ☐ Change Addices HHE NAME MALK STREET ADDRESS SHAFT ADDRESS CITY SI AP CITY ST ZIP ■ Addition HH . Delate ĮHĮĮ, Charge NAM NAME STREET LADDRESS STREET ADDRESS CUY-SI-ZIP CITY ST 7IP ☐ Change ☐ Addition Delete HHE NAME NALIF STREET LADINESS STREET ADDRESS CITY ST 7P CITY-ST ZIP ☐ Change ☐ Addition ☐ Delete me 11111 NAME NAM SUPER LADDRESS STREET LANGUESS CITY ST ZIP CITY ST ZIP ☐ Change Addition ☐ Delete HILL NAM STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-SI-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of 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: _

Muni Outone

2/2/07 (305) 59815

FILED