

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90082 011 ***150.00

DOCUMENT # P94000051655

1. Entity Name
PLEASE HOLD ADVERTISING, INC.



Principal Place of Business
**6445 SW 116 PLACE
SUITE D
MIAMI, FL 33173 US**

Mailing Address
**6445 SW 116 PLACE
SUITE D
MIAMI, FL 33173 US**

50035290



2. Principal Place of Business
12762 SW 116 TER.

Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01042005 Chg-P CR2E034 (10/03)

City & State
MIAMI, FL

City & State

4. FEI Number
65-0513718

Applied For
Not Applicable

Zip
33186

Country
MIAMI-DADE

Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~GARCIA, CARLOS
6445 SW 116 PLACE
SUITE D
MIAMI, FL 33173~~

7. Name and Address of New Registered Agent

Name **CARLOS GARCIA**

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

12762 SW 116 TER.

City **MIAMI** FL Zip Code **33186**

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

Carlos Garcia **CARLOS GARCIA**

4/5/05

Signature, word 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, 2005 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 1-1

TITLE **P** ☐ Delete
NAME **GARCIA, CARLOS**
STREET ADDRESS **6445 SW 116 PLACE SUITE D**
CITY-ST-ZIP **MIAMI, FL 33173 33186**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #