

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90062 002 ***150.00

DOCUMENT # P94000066221

1. Entity Name
SKYWAVE BROADCASTING CORPORATION



Principal Place of Business
ATTN: OSVALDO ONOZ
~~4560 NW 107TH AVENUE APT 302~~
MIAMI, FL 33178

Mailing Address
ATTN: OSVALDO ONOZ
~~4560 NW 107TH AVENUE APT 302~~
MIAMI, FL 33178

24025999



2. Principal Place of Business
6900 SW 94th

3. Mailing Address
6900 SW 94th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082004

Chg-P

CR2E034 (10/03)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-0524315

Applied For
Not Applicable

Zip 33173 Country MIAMI-DADE

Zip 33173 Country MIAMI-DADE

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

ONOZ, OSVALDO
~~6400 S.W. 93RD AVENUE~~
MIAMI, FL 33173

Name

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

6900 SW 94th

City

MIAMI

FL

Zip Code

33173

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 11

TITLE D ☐ Delete
NAME ONOZ, OSVALDO JUAN
STREET ADDRESS ~~4560 NW 107TH AVE., APT 302~~
CITY-ST-ZIP MIAMI, FL 33178

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

TITLE D ☐ Delete
NAME CEPERO, TEODOSIO
STREET ADDRESS ~~4560 NW 107TH AVE., APT 302~~
CITY-ST-ZIP MIAMI, FL 33178

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

TITLE D ☒ Delete
NAME ONOZ, TERESITA
STREET ADDRESS ~~4560 NW 107TH AVE., APT 302~~
CITY-ST-ZIP MIAMI, FL 33178

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

TITLE D ☐ Delete
NAME CEPERO, ANA MARIE
STREET ADDRESS ~~4560 NW 107TH AVE., APT 302~~
CITY-ST-ZIP MIAMI, FL 33178

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3/14/04

Date

305
471-8220

Daytime Phone #