2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000066221

Address:

City-St-Zip:

4560 NW 107TH AVE., APT 302

MIAMI, FL 33178

FILED Mar 15, 2006 Secretary of State

Entity Name: SKYWAVE BROADCASTING CORPORATION	
Current Principal Place of Business:	New Principal Place of Business:
6900 SW 94 CR. MIAMI, FL 33173	6900 SW 94 CT MIAMI, FL 33173
Current Mailing Address:	New Mailing Address:
6900 SW 94 COURT MIAMI, FL 33173	
FEI Number: 65-0524315 FEI Number Applied For() FE	il Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
ONOZ, OSVALDO 6900 SW 94 COURT MIAMI, FL 33173 US	
The above named entity submits this statement for the purpo in the State of Florida.	se of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: D () Delete	Title: D (V) Ohenne () Addition

Title: () Delete Title: (X) Change () Addition ONOZ, OSVALDO JUAN ONOZ, OSVALDO JUAN Name: Name: 6900 SW 94 COURT 4560 NW 107TH AVE., APT 302 Address: Address: City-St-Zip: MIAMI, FL 33178 City-St-Zip: MIAMI, FL 33173

Title: () Delete Title: (X) Change () Addition CEPERO, TEODOSIO Name:

CEPERO, TEODOSIO Name: Address: 6900 SW 94 COURT MIAMI, FL 33173 City-St-Zip:

() Delete Title: Title: (X) Change () Addition

CEPERO, ANA MARIE Name: Name: CEPERO, ANA MARIE Address: 4560 NW 107TH AVE., APT 302 Address: 6900 SW 94 COURT MIAMI, FL 33178 City-St-Zip: City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSVALDO ONOZ **PRES** 03/15/2006