## FILED Apr 03, 2006 8:00 am Secretary of State

ANNUAL REPORT	•

DOCUMENT # P95000076627  1. Entity Name EL CENTROAMERICANO, PRENSA LIBRE, INC.					04-03-2006 90385 007 ***150.00						
Principal Place of Business Mailing Address				,		OTHURUU					
9390 W FLAGLER ST #214 9390 W FLAGLER ST #214 MIAMI, FL 33174 US MIAMI, FL 33174 US			US	•	1 1981/981 118	:Pini Citir Buit Buil Puli	1 <b>4 F</b> III 1 <b>7 B</b> 28 B1148 B	111 <b>2</b> 11 <b>2</b> H 1 <b>2</b>	::		
2. Principal P	3. Mailing Address		<del></del>								
z. Filiopair	INCE OF DOSITIESS	3. Mailing Address				LAINA NILII KAIKA NAJIJ NEIJ	1 1 0         1 6 1 4 6	<b>  </b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03242006	Chg-P	CR2E034	(11/05)			
City & State		City & State		•	4. FEI Number 65-0647				plied For t Applicable		
Zip	Country	Zip	Coun	itry	5. Certificate of	of Status Desired		.75 Add Require			
	6. Name and Address of Current	Registered Agent	•		7Name and	Address of New R	egistered Age	nt			
NAVARRO	) RENIAMINI			Name							
NAVARRO, BENJAMIN 9390 W FLAGLER ST #214 MIAMI, FL 33174				Street Address (P.O. Box Number is Not Acceptable)							
•											
				City	City FL 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 accept											
the obligations pregistered agent.  SIGNATURE  3/24/06											
<b></b> /	fognature upped or phried 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, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees											
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND DIF	RECTORS	3 IN 11		
TITLE	Р	☐ Delete	TITL	1				Change	☐ Addition		
NAME	NAVARRO, BENJAMIN		NAM	ET ADDRESS							
STREET ADDRESS City-St-Zip	0000 111 2 10 22 11 21 11 21 11			-ST-ZIP							
TITLE	s	☐ Delete	וחוז	E				Change	☐ Addition		
NAME	BEATRIZ NAVARRO		NAM	E							
STREET ADDRESS				ET AODRESS - ST-ZIP							
CITY-ST-ZIP	MIAMI, FL 33174	Delete	זוזע					Change	Addition		
TITLE NAME	MEDINA, ERWIN	Sielece	NAM					CHAINGE	C. J Addition		
STREET ADDRESS	14913 SW 104 STREET, #16-B	.2-	STRE	ET ADDRESS							
CITY-ST-ZIP	MIAMI, FL 33196		CITY	-ST-2IP							
TITLE		☐ Delete	TITL	,				Change	Addition		
NAME STREET ADDRESS			NAM STRE	ET ADDRESS							
CITY-ST-ZIP			3	-ST-ZIP							
TITLE		☐ Delete	TITL:					Change	☐ Addition		
NAME			NAM	\$							
STREET ADORESS CITY+ST+ZIP			1	ET ADDRESS - ST- ZIP					Ì		
TITLE		☐ Delete	TITL	<del></del>				Change	☐ Addition		
NAME			NAM	1			_	-			
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP		All Circuit		- ST-ZIP	- d in Oh 4 12	Davida Orange 1	f.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	hat #= '-	Januari		
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 of 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 10 if											