
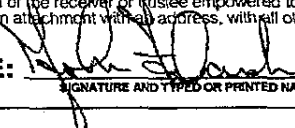


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

WESTERN UNION MONEY ORDER
08 0962831

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000010370		
1. Entity Name CENTRAL AMERICAN COMMUNICATIONS, INC.		
Principal Place of Business 13102 N. 20TH ST. #6 TAMPA, FL 33612-3785	Mailing Address 13102 N. 20TH ST. #6 TAMPA, FL 33612-3785	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FLANDERS, JOHN 13102 N 20TH STR 6 TAMPA, FL 33613		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLANDERS, JOHN 1401 EAST 140TH AVENUE STE 2 TAMPA, FL 33613	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE 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)(f), 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 all address, with all other like empowered.		
SIGNATURE: 		4/29/04 6818-977-1805 Date Daytime Phone #



02072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3437109	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000153071
05/04/04-80113-003 300.00

**DO NOT WRITE
IN THIS SPACE**