


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90791 001 *****8.75
05-03-2004 90791 002 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000094486 1. Entity Name LATINMEDIA CORPORATION	
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Principal Place of Business 10021 NW 32ND TERR MIAMI, FL 33172 US	Mailing Address 10021 NW 32ND TERR MIAMI, FL 33172 US
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66417986



2. Principal Place of Business 14940 SW 49 Ln Suite, Apt. #, etc. UNIT C City & State MIAMI-FLORIDA Zip 33185 Country US	3. Mailing Address 14940 SW 49 Ln Suite, Apt. #, etc. UNIT C City & State MIAMI-FLORIDA Zip 33185 Country US
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04292004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0707838	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORAO, MANUEL 10021 NW 32ND TERR MIAMI, FL 33172	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CORAO, SOSA M 10021 NW 32ND TERR MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CORAO SOSA M. 14940 SW 49 Ln UNIT C MIAMI-FLORIDA 33185 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ *Manuel Corao* **04-28-04** **786-2706566**
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #