2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 08, 2006 08:00
Secretary of State

DOCUMENT # P96000094486

1. Entity Name
LATINMEDIA CORPORATION

Principal Place of Business	Mailing Address
14940 SW 49 LN, UNIT C MIAMI, FL 33185 US	14940 SW 49 LN, UNIT C MIAMI, FL 33185 US

DO NOT WRITE IN THIS SPACE

04302006   No Chg-P   CR2E034 (11/05)

4. FEI Number
65-0707838

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORAO, MANUEL
10021 NW 32ND TERR
MIAMI, FL 33172

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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_____

Signature, typed or printed 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 Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000564104 05/20/06-80047-002 158.75

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	CORAO, SOSA M
STREET ADDRESS	14940 SW 49 LN, UNIT C
CITY-ST-ZIP	MIAMI, FL 33185

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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 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: _____   04/30/06   786-2906566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #