2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Sep 13, 2004 8:00 am Secretary of State DOCUMENT # P97000029076 09-13-2004 90010 038 ***150.00 EL SOL MEDIA, CORP. Principal Place of Business Mailing Address 2388 TOPAZ TRAIL 2388 TOPAZ TRAIL KISSIMMEE, FL 34743 KISSIMMEE, FL 37473 05142004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0743796 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SERRATY, OLGA PRES DO NOT WRITE 2388 TOPAZ TRAIL KISSIMMEE, FL 34743 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 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 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. \Box Due by September 8, 2004 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. TITLE PUP SERRATY, OLGA NAME STREET ADDRESS 2388 TOPAZ TRAIL CITY-ST-ZIP KISSIMMEE, FL 34743 TEJEDA, BIENVENIDO NAME 255 NW 194 TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33169 TITLE BARROS, ISIDRO NAME 6440 SW 130 AVE., #409 STREET ADDRESS DO NOT WRITE MJAMI, FL 33183 CITY-ST-78P DRES/DENT TITLE IN THIS SPACE MARCOS A TEJEDA NAME 2388 TOPAZ Trail STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 truster 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.

ITED NAME OF SIGNING OFFICER OR DIRECTOR

FILED