


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000039900	
1. Entity Name CADENA & SHANAHAN MEDIA CONSULTANTS, INC.	

Principal Place of Business 1371 SOUTHWEST 40 AVENUE MIAMI, FL 33134	Mailing Address 1371 SOUTHWEST 40 AVENUE MIAMI, FL 33134
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DO NOT WRITE IN THIS SPACE



04172004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0766446	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent CADENA, EDGAR A 1371 SOUTHWEST 40 AVENUE MIAMI, FL 33134	DO NOT WRITE IN THIS SPACE
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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 <u>EDGAR A CADENA</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u>04/16/04</u> <small>DATE</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	U00000124372 04/22/04-80042-025-150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CADENA, EDGAR A 1371 SOUTHWEST 40 AVENUE MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SHANAHAN, GLORIA L 1371 SOUTHWEST 40 AVENUE MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

DO NOT WRITE IN THIS SPACE

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 licensee 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 an officer or licensee empowered.	
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>04/16/04</u> <u>3054428258</u> <small>Date Daytime Phone #</small>