

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000002254	
1. Entity Name EL AVISADOR PUBLISHING INC.	

Principal Place of Business 1393 SW 1ST SUITE 430 MIAMI, FL 33135	Mailing Address PO BOX 351382 MIAMI, FL 33135
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03312006 No Chg P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0805672

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FERNANDEZ, EDGAR A
2470 NW 14 STREET
MIAMI, FL 33125

**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 _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

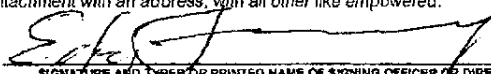
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

UN00007475688
04/05/06-80026-008 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, EDGAR A 2470 NW 14 STREET MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FERNANDEZ, MAGALI E 2470 NW 14 STREET MIAMI, FL 33125
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**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/06 305-635835
Date Daytime Phone #