

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000010183

Entity Name: EL LATINO SEMANAL, INC.

FILED
Aug 20, 2007
Secretary of State

Current Principal Place of Business:

4404 GEORGIA AVENUE
WEST PALM BEACH, FL 33405

New Principal Place of Business:

Current Mailing Address:

4325 GEORGIA AVENUE
WEST PALM BEACH, FL 33405

New Mailing Address:

4404 GEORGIA AVENUE
WEST PALM BEACH, FL 33405

FEI Number: 59-2341754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAVIN, CAROLINA E
4372 BAY DR
SURFSIDE, FL 33154 US

Name and Address of New Registered Agent:

LAVIN, CAROLINA E
1419 SHIRLEY CT
LAKE WORTH, FL 33431 US

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.

SIGNATURE: CAT

08/20/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: UZAL, JOSE R
Address: 3034 30TH LN
City-St-Zip: GREENACRES, FL 33463

Title: VPD () Delete
Name: LETOURNEAUT, VIOLETA
Address: 93752 BAY DR
City-St-Zip: SURFSIDE, FL

Title: PD () Delete
Name: TOLL, CAROLINA E
Address: 9372 BAY DR
City-St-Zip: SURFSIDE, FL 33154

Title: S () Delete
Name: MONZON, EDUARDO
Address: 1418 MICHIGAN DR
City-St-Zip: LAKE WORTH, FL 33461

Title: VP () Delete
Name: LAVIN, MIGUEL A
Address: 4325 GEORGIA AVENUE
City-St-Zip: WEST PALM BEACH, FL 33405 US

Title: VP () Delete
Name: LAVIN, MIGUEL D
Address: 4404 GEORGIA AVENUE
City-St-Zip: WEST PALM BEACH, FL 33405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE UZAL

VP

08/20/2007

Electronic Signature of Signing Officer or Director

Date