2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000052079

City-St-Zip:

MIAMI, FL 33196

Entity Name: LA ESTRELLA DE NICARAGUA NEWSPAPER, INC.

FILED Mar 01, 2006 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | of Business: | |
|---|---|----------------------------------|---|--|--|
| 15601 S.W MIAMI, FL | V. 109TH TERI 33196 | RACE | | | |
| Current Mailing Address: | | | New Mailing Address | :: | |
| 15601 S.W. 109TH TERRACE MIAMI, FL 33196 | | | P.O.BOX 16-1094 MIAMI, FL 33116 | | |
| FEI Number | : 65-0851298 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| | ALTEZ, NICOL V. 109TH TERI 33196 US | | | | |
| | named entity e of Florida. | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electron | nic Signature of Registered Age | ent | Date | |
| Election Ca | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | LOPEZ, NORA |) Delete 9TH TERRACE 96 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | LOPEZ, MONIC | 9TH TERRACE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | MALTEZ, NICC |) Delete LAS L 9TH TERRACE | Title: Name: Address: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: NORA LOPEZ PD 03/01/2006