


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000100966</b> 1. Entity Name <b>EL HIT PARADE DE AMERICA, INC.</b>					
Principal Place of Business <b>6800 SW 40 STREET #321 MIAMI, FL 33155</b>			Mailing Address <b>2121 PONCE DE LEON BLVD 240 CORAL GABLES, FL 33134</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PRATS, GABRIEL 2121 PONCE DE LEON BLVD. #240 CORAL GABLES, FL 33134			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTSD	<input type="checkbox"/> Delete			
NAME	CAMPOS, SALVADOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	6800 SW 40 STREET, #321				
CITY-ST-ZIP	MIAMI, FL 33155				
TITLE		<input type="checkbox"/> Delete			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY-ST-ZIP					
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 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: _____		3/3/05 305-554-8483 Date Daytime Phone #			