2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2006
Secretary of State

DOCUMENT# P99000027805

Entity Name: PUBLICACIONES CASA DOMINICANA, INC.

Current Principal Place of Business:

160 12TH AVENUE NE
NAPLES, FL 34120

New Principal Place of Business:

160 12TH AVENUE NE
GOLDEN GATE ESTATES
NAPLES, FL 341203354

Current Mailing Address:

160 12TH AVENUE NE
NAPLES, FL 34120

New Mailing Address:

160 12TH AVENUE NE
GOLDEN GATE ESTATES
NAPLES, FL 341203354

FEI Number: 65-0914280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PEREZ, COSME E
160 12TH AVENUE NE
GOLDEN GATE ESTATES, FL 34120 US

Name and Address of New Registered Agent:

PEREZ, COSME E
160 12TH AVENUE NE
GOLDEN GATE ESTATES
NAPLES, FL 341203354 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: COSME E PEREZ 04/08/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PEREZ, COSME
Address: 160 12TH AVENUE NE
City-St-Zip: GOLDEN GATE ESTATES, FL 34120

Title: V ( ) Delete
Name: PEREZ, ESTELA W
Address: 160 12TH AVENUE NE
City-St-Zip: GOLDEN GATE ESTATES, FL 34120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PEREZ, COSME
Address: 160 12TH AVENUE NE
City-St-Zip: NAPLES, FL 341203354

Title: V (X) Change ( ) Addition
Name: PEREZ, ESTELA W
Address: 160 12TH AVENUE NE
City-St-Zip: NAPLES, FL 341203354

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.

SIGNATURE: COSME E PEREZ DP 04/08/2006
Electronic Signature of Signing Officer or Director Date