## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P99000039870

1. Entity Name GROUP VIA SATELLITE, INC.



**FILED** Apr 30, 2004 08:00 AM Secretary of State

Principal Place of Business

11401 NW 12 STREET

#191 MIAMI, FL 33172

Mailing Address

11401 NW 12 STREET

#191 MIAMI, FL 33172



## DO NOT WRITE IN THIS SPACE

04072004 NO Olig-t	OF IZZZ004 (10/00)	
4. FEI Number	Applie	d For
65-0920276	Not A	oplicable
5. Certificate of Status Desired	\$8.75 Addition Fee Required	nal

Daytime Phone #

6. Name and Address of Current Registered Agent

SALAZAR, LISBETH M 11401 NW 12 STREET #191 MIAMI, FL 33172

SIGNATURE: \_

## DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signeture, typed or printed name of registered agent and tale in applicable. Prote Registered Agent signature required when reinstating)  DATE						
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.		ing 🗆	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS			·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALAZAR, LISBETH M 11401 NW 12 STREET #191 MIAMI, FL 33172				Species Seek as a S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•:	- 10000034-950 -xumx14-80036 592 - 156, 66	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filting 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 supplied eath report is true and about at any 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 trostog 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.						