

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000083804 1. Entity Name MEDIAPLUS LATIN AMERICA CORP.	
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Principal Place of Business 3250 CHASE AVENUE MIAMI BEACH, FL 33140	Mailing Address 3250 CHASE AVENUE MIAMI BEACH, FL 33140
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DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0958156	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MIAMI CORPORATE SYSTEMS, INC. 5200 BLUE LAGOON DRIVE SUITE 700 MIAMI, FL 33126
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**DO NOT WRITE
IN THIS SPACE**

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 _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000023131 02/02/04-80014-007 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSA, LUIS GARCIA 3250 CHASE AVE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GASTELU, PABLO MARTIN 3250 CHASE AVE MIAMI BEACH, FL 33140
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/26/04 Date	Daytime Phone #
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