2006 FOR PROFIT CORPORATION

May 04, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P99000083804 MEDIAPLUS LATIN AMERICA CORP. Principal Place of Business Mailing Address 3250 CHASE AVENUE 3250 CHASE AVENUE MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140 No Chg-P CR2E034 (11/05) 04262006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0951156 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MIAMI CORPORATE SYSTEMS, INC. DO NOT WRITE 5200 BLUE LAGOON DRIVE SUITE 700 IN THIS SPACE MIAMI, FL 33126 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ROSA, LUIS GARCIA NAME 3250 CHASE AVE STREET ADDRESS 000000562214 05/19/06-80047-005 158.75 CITY-ST-ZIP MIAMI BEACH, FL 33140 TITLE GASTELU, PABLO MARTIN NAME STREET ADDRESS 3250 CHASE AVE CITY-ST-ZIP MIAMI BEACH, FL 33140 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as it made under oath, that I am an officer or director of the corporation or the receiver of 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 bline like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED