

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90015 027 ***150.00

DOCUMENT # P99000093161

1. Entity Name
GRUPO EDITORIAL M.A. INC.



Principal Place of Business
**6467 N.W. 109TH AVE.
MIAMI, FL 33178**

Mailing Address
**6467 N.W. 109TH AVE.
MIAMI, FL 33178**

20063274



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05312005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0957330

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ACOSTA, PATRICIA E
6467 N.W. 109TH AVE.
MIAMI, FL 33178**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **ACOSTA, PATRICIA E**
CITY-ST-ZIP **6467 N.W. 109TH AVE.
MIAMI, FL 33178**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **GUILLERMO, MATA**
CITY-ST-ZIP **6467 NW 109TH AVE
MIAMI, FL 33178**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 7/8/05

Date

305-
✓ 815-0188

Daytime Phone #

ATTACHMENT

20063274

PDC Accounting Services, Inc.
Corporate & Personal Accountant

Division of Corporation
Uniform Business Report Filing
P.O. Box 1500
Tallahassee, FL. 32302-1500

July 11, 2005

Re: Grupo Editorial
Document: #P99000093161

To Whom It May Concern:

I am the Accountant for the above clients. The reason for this letter is to request waiver of any late fee or penalties.

Unfortunately, my client's type of business requires a lot of traveling and he is out of the country a good part of the year. He has a bookkeeper that checks his mail every week but the postcard he received was set aside thinking it was junk mail.

Your renewal forms have always be mail in a big green/white lettering letting the corporations know that is very important and with your new format it is very deceiving.

Not until I began to review their accounting and follow up in the corporation business matter that I realized they had not paid.

So along to this letter is a check for \$150.00 and a blank form with all my clients information .

I would greatly appreciate any help in assisting my request to the matter.

Sincerely

VIVIAN G. MEDJAVILLA
Accountant

3565 SW 152nd Place
Miami, FL 33185
Phone: 305-270-6032 * Fax: 305-220-3275