
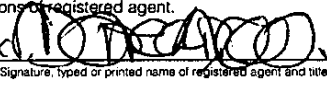
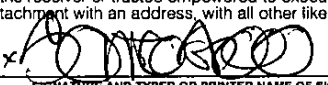


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90113 001 ***150.00

DOCUMENT # P99000104533 1. Entity Name ANG COMMUNICATIONS GROUP, INC.																																									
Principal Place of Business 405 MENDOZA AVENUE CORAL GABLES, FL 33134			Mailing Address 2575 SW 27TH AVE SUITE 404 MIAMI, FL 33133																																						
2. Principal Place of Business 2575 SW 27TH AVE		3. Mailing Address Suite, Apt. #, etc. #404																																							
City & State MIAMI FL		City & State Suite, Apt. #, etc.		4. FEI Number 65-0973232																																					
Zip 33133		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																					
6. Name and Address of Current Registered Agent OSORIO, GUSTAVO A. 405 MENDOZA AVENUE CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name SONIA A. OSORIO Street Address (P.O. Box Number is Not Acceptable) 2575 SW 27 AVE #404 City MIAMI FL Zip Code 33133																																					
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  SONIA A. OSORIO A. AGENT 01/06/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																						
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 40%;"> PD OSORIO GUSTAVO A 405 MENDOZA AVE CORAL GABLES, FL 33134 </td> <td style="width: 30%; text-align: right;"> <input checked="" type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSORIO GUSTAVO A 405 MENDOZA AVE CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 40%;"> PD OSORIO SONIA A. 2575 SW 27 AVE #404 MIAMI FL 33133 </td> <td style="width: 30%; text-align: right;"> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> VP OSORIO GUSTAVO A 2575 SW 27 AVE #404 MIAMI FL 33133 </td> <td style="text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSORIO SONIA A. 2575 SW 27 AVE #404 MIAMI FL 33133	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OSORIO GUSTAVO A 2575 SW 27 AVE #404 MIAMI FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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. SONIA A. OSORIO SIGNATURE:  PRESIDENT 01/06/06 786-247-8332 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																									