


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90463 045 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |                                                                                                                     |                                                                           |                                                                                                                                                                                                       |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P99000107822</b><br>1. Entity Name<br><b>ALEGORIA MEDIA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |                                                                                                                     |                                                                           |                                                                                                                      |  |
| Principal Place of Business<br><b>13790 NW 4TH ST SUITE 100<br/>SUNRISE, FL 33325</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                             |                                                                                                                     | Mailing Address<br><b>13790 NW 4TH ST SUITE 100<br/>SUNRISE, FL 33325</b> |                                                                                                                                                                                                       |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                             | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                                                       |                                                                           |                                                                                                                                                                                                       |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                             | City & State                                                                                                        |                                                                           |                                                                                                                                                                                                       |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country                                                     | Zip                                                                                                                 | Country                                                                   |                                                                                                                                                                                                       |  |
| 6. Name and Address of Current Registered Agent<br><br><b>RIVERA, ARADI<br/>954 AZURE LANE<br/>WESTON, FL 33326</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                             |                                                                                                                     |                                                                           | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1491 NW 159 AVE</b><br>City <b>PEMBROKE PINES</b> <b>FL</b> Zip Code <b>33028</b> |  |
| 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.<br><br>SIGNATURE <u>ARADI RIVERA PRESIDENT</u> DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                |                                                             |                                                                                                                     |                                                                           |                                                                                                                                                                                                       |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                             | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                                           |                                                                                                                                                                                                       |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                             |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                     |                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PSD<br>RIVERA, ARADI<br>954 AZURE LANE<br>WESTON, FL 33326  |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1491 NW 159 AVE<br>PEMBROKE PINES, FL 33028                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | VTD<br>RIVERA, MELVIN<br>954 AZURE LANE<br>WESTON, FL 33326 |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>1491 NW 159 AVE<br>PEMBROKE PINES, FL 33028                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                             |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                             |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                             |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                             |                                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                     |  |
| 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 or without other like empowered. |                                                             |                                                                                                                     |                                                                           |                                                                                                                                                                                                       |  |
| SIGNATURE: <u>ARADI RIVERA PRESIDENT</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                             |                                                                                                                     | Date _____ Daytime Phone # <u>(954) 837-0000</u>                          |                                                                                                                                                                                                       |  |