

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # S26974 1. Entity Name J.C. MACEDO, FOREIGN NEWSPAPERS & MAGAZINES DISTS., INC.	
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Principal Place of Business 16461 W DIXIE HWY MIAMI FL 33126	Mailing Address 16461 W DIXIE HWY N MIAMI BCH FL 33160 US
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MOORE CR2E034 (11/03)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 65-0235954	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MACEDO, JULIO CESAR
5578 SOUTHWEST 112TH TERRACE
COOPER CITY FL 33330**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 NAME PD MACEDO, JULIO CESAR	<input type="checkbox"/> Delete	TITLE NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5578 S.W. 112TH TERRACE COOPER CITY FL		STREET ADDRESS _____	
CITY - ST - ZIP COOPER CITY FL		CITY - ST - ZIP _____	
TITLE NAME STD MACEDO, SUSANA	<input type="checkbox"/> Delete	TITLE NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5578 S.W. 112TH TERRACE COOPER CITY FL		STREET ADDRESS _____	
CITY - ST - ZIP COOPER CITY FL		CITY - ST - ZIP _____	
TITLE NAME _____	<input type="checkbox"/> Delete	TITLE NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS _____		STREET ADDRESS _____	
CITY - ST - ZIP _____		CITY - ST - ZIP _____	
TITLE NAME _____	<input type="checkbox"/> Delete	TITLE NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS _____		STREET ADDRESS _____	
CITY - ST - ZIP _____		CITY - ST - ZIP _____	
TITLE NAME _____	<input type="checkbox"/> Delete	TITLE NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS _____		STREET ADDRESS _____	
CITY - ST - ZIP _____		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: *J. C. Macedo* Date: 2/11/04 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR