2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 21, 2005 8:00 am Secretary of State DOCUMENT # V08416 03-21-2005 90098 032 ***158.75 INTERAMERICAN MEDIA REPRESENTATIVES, INC. Principal Place of Business Mailing Address 9564 SW 137 AVE. MIAMI FL 33186 9564 SW 137 AVE. MIAMI FL 33186 50028369 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0307717 Not Applicable Country -\$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CANO E1554 CANO, ELSSY Street Address (P.O. Box Number is Not Acceptable) 1502 BLUEJAY CR 🕅 WESTON FL 33327 City Miami Zip Code **う318**6 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. 03-01-05 FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Change Addition LUIS CANO NAME CANO, LUIS ALBERTO NAME 9562 50 137 And STREET ADDRESS 1502 BLUEJAY CR STREET ADDRESS mismi FL 33186 WESTON FL 33327 CITY-ST-ZIP CITY-ST-ZIP SVD ☐ Delete ☐ Addition NAME CANO, ELSSY NAME Elssy Cano 9562 500 137 AVR 1502 BLUEJAY CR STREET ADDRESS STREET ADDRESS WESTON FL 33327 CITY-ST-7IP CITY-ST-7IP Recroment TITLE Delete -- -TITLE NAME Crear Stakes NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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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:

WIS Carro Cascular + O3 - 01 - 05 3 95 380 18 32

SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Daytime Phone #