


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

06-08-2006 90171 004 ****55.00

DOCUMENT # L01000001345

1. Entity Name
 LATIN AM, L.L.C.



Principal Place of Business
 421 MAYA AVE.
 CORAL GABLES, FL 33146

Mailing Address
 P.O. BOX 743-557
 C/O A. DIAZ MASVIDAL
 CORAL GABLES, FL 33114

DO NOT WRITE IN THIS SPACE



05102006No Chg-LLC CR2E083 (11/05)

4. FEI Number
 NOT APPLICABLE

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MASVIDAL-VISSER, MARIA
 421 MAYA AVE.
 CORAL GABLES, FL 33146

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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: _____ DATE: _____

Signature is made in printed name of agent or agent and fee if applicable. (NOTE: Registered Agent is printed on card when returning)

Filing Fee is \$50.00
Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASVIDAL-VISSER, MARIA 421 MAYA AVE. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ-MASVIDAL, GERTRUDIS 421 MAYA AVE. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIAZ-MASVIDAL, ADRIANA 421 MAYA AVE. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASVIDAL, VISSER, MARIA 421 MAYA AVE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ Date: _____

MANAGING AND TYPED OR PRINTED NAME OF SIGNING MEMBER, OR AUTHORIZED REPRESENTATIVE