

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2004  
Secretary of State**

DOCUMENT# N01000006509

Entity Name: FUNDACION LATINOAMERICANA DE PROFESIONALES, INC.

**Current Principal Place of Business:**

900 NW 31 AVENUE  
FORT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

900 NW 31 AVENUE  
FORT LAUDERDALE, FL 33311

**New Mailing Address:**

FEI Number: 65-1140770      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ENCISO, SIXTA  
13264 NW 12TH ST  
PEMBROKE PINES, FL 33028      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: ENCISO, SIXTA  
Address: 13264 NW 12TH ST  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: V      ( ) Delete  
Name: CARDOZO, MARTHA  
Address: 3900 NW 76 AVE APT. 106  
City-St-Zip: SUNRISE, FL 33351

Title: S      ( ) Delete  
Name: RIZARRALDE, CAMILO  
Address: 13264 NW 12TH ST  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: T      ( ) Delete  
Name: KIGUELMAN, MARIO  
Address: 3900 NW 76 AVENUE, #112  
City-St-Zip: SUNRISE, FL 33351

Title: D      ( ) Delete  
Name: MONTOYA, ESTEBAN  
Address: 5040 NW 199 STREET  
City-St-Zip: MIAMIA, FL 33055

Title: D      ( ) Delete  
Name: TORRES, GUSTAVO  
Address: 3851 NW 110 AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIXTA ENCISO

P

04/28/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date