## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000042025

Entity Name: LATIN QUARTER BUILDERS III, INC.

FILED Mar 30, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 415050 6301 COLLINS AVENUE MIAMI BEACH, FL 33141 2106 MIAMI BEACH, FL 33141 **Current Mailing Address: New Mailing Address:** P.O. BOX 415050 MIAMI BEACH, FL 33141 FEI Number: 06-1742912 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MONTES, ANTONIO 1529 NW 1 STREET MIAMI, FL 33135 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition CARDENAS, NICOLAS CARDENAS, NICOLAS Name: Name: P. O. BOX 415050 P. O. BOX 415050 Address: Address: City-St-Zip: MIAMI BEACH, FL 33141 City-St-Zip: MIAMI BEACH, FL 33141 VΡ Title: S/D Title: () Delete (X) Change ( ) Addition Name: MONTES, ANTONIO Name: MONTES, ANTONIO P.O. BOX 415050 P.O. BOX 415050 Address: Address: MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141 City-St-Zip: City-St-Zip: ( ) Delete Title: (X) Change ( ) Addition Title: VΡ HENRIQUEZ, DANTON CARDENAS, MARTA Name: Name: P.O. BOX 415050 P.O. BOX 415050 Address: Address: City-St-Zip: MIAMI BEACH, FL 33141 City-St-Zip: MIAMI BEACH, FL 33141 Title: VΡ () Delete Title: T/D (X) Change ( ) Addition MONTES, ALEXANDER J MONTES, ALEXANDER J Name: Name: Address: P.O. BOX 415050 Address: P.O. BOX 415050 City-St-Zip: MIAMI BEACH, FL 33141 City-St-Zip: MIAMI BEACH, FL 33141 Title: Title: ( ) Change (X) Addition ( ) Delete Name: Name: MONTES, MAYRA Address: P.O. BOX 415050 Address: City-St-Zip: City-St-Zip: MIAMI BEACH, FL 33141 Title: () Delete Title: ( ) Change (X) Addition CASTAÑO, ALEJANDRO Name: Name: Address: Address: P.O. BOX 415050 City-St-Zip: City-St-Zip: MIAMI BEACH, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLAS CARDENAS P 03/30/2007