


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000009604  
 1. Entity Name  
 LATIN VENTURES 2000, INC.



Principal Place of Business  
 820 E BLOOMINGDALE AVE  
 BRANDON, FL 33511

Mailing Address  
 7740 SW 50TH COURT  
 MIAMI, FL 33143

**DO NOT WRITE IN THIS SPACE**



01152005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 59-3558461  Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 OLECK, PETER  
 7740 SW 50TH STREET  
 MIAMI, FL 33143

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BONCE, JORGE A
STREET ADDRESS	2537 SW 14 ST
CITY - ST - ZIP	MIAMI, FL 33145
TITLE	STD
NAME	OLECK, PETER
STREET ADDRESS	7740 SW 50TH STREET
CITY - ST - ZIP	MIAMI, FL 33143
TITLE	VD
NAME	BONCE, JUDITH
STREET ADDRESS	2537 SW 14 ST
CITY - ST - ZIP	MIAMI, FL 33145
TITLE	DVP
NAME	OLECK, CARY
STREET ADDRESS	7740 SW 50TH COURT
CITY - ST - ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

00000214893  
 02/04/05-80032-003 150.00

**DO NOT WRITE IN THIS SPACE**

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: ✓ *Peter Oleck* Date: *2/2/05* Daytime Phone #: *305-582-0689*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER OLECK