

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S74389

**FILED**  
**Apr 22, 2005**  
**Secretary of State**

**Entity Name:** LATINOS PRODUCTS OF FLORIDA, INC.

**Current Principal Place of Business:**

5301 N. FEDERAL HWY.  
#350  
BOCA RATON, FL 33487 US

**New Principal Place of Business:**

9858 CLINT MOORE ROAD C111  
NO. 233  
BOCA RATON, FL 33496 US

**Current Mailing Address:**

5301 N. FEDERAL HWY.  
#350  
BOCA RATON, FL 33487 US

**New Mailing Address:**

9858 CLINT MOORE ROAD C111  
NO. 233  
BOCA RATON, FL 33496 US

**FEI Number:** 59-3076816

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GUZMAN, SERGIO J  
2440 CORAL WAY  
MIAMI, FL 33145 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TRIGO, VICENTE  
Address: 5301 N.FEDERAL HWY.#305  
City-St-Zip: BOCA RATON, FL 33487

Title: S ( ) Delete  
Name: GUZMAN, SERGIO J  
Address: 2440 CORAL WAY  
City-St-Zip: MIAMI, FL 33145

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

Title: PD (X) Change ( ) Addition  
Name: TRIGO, VICENTE  
Address: 9858 CLINT MOORE ROAD C111 NO. 233  
City-St-Zip: BOCA RATON, FL 33496

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICENTE TRIGO

PD

04/22/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date