

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90021 022 ***150.00

DOCUMENT # P95000023013

1. Entity Name
LATIN AMERICAN FINANCIAL SERVICES, INC.



Principal Place of Business
200 SOUTH BISCAYNE BLVD.
SUITE ~~3750~~ **3550**
MIAMI, FL 33131 US

Mailing Address
200 SOUTH BISCAYNE BLVD.
SUITE ~~3750~~ **3550**
MIAMI, FL 33131 US



04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0651201

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CASTILLO B, ALVARO B
1533 SUNSET DRIVE
SUITE 201
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ZAMORA, ROBERTO J SR.
STREET ADDRESS 200 SOUTH BISCAYNE BLVD., SUITE ~~3750~~ **3550**
CITY-ST-ZIP MIAMI, FL 33131

TITLE SD
NAME ZAMORA, MARIA J
STREET ADDRESS 200 SOUTH BISCAYNE BLVD., SUITE ~~3750~~ **3550**
CITY-ST-ZIP MIAMI, FL 33131

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IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/08

305-374-6001