


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90049 019 \*\*\*150.00

**DOCUMENT # 686362**

1. Entity Name  
**LATL, INC.**



Principal Place of Business      Mailing Address

**200 ADMIRALS COVE BLVD  
 JUPITER FL 33477  
 US**

**200 ADMIRALS COVE BLVD  
 JUPITER FL 33477  
 US**



2. Principal Place of Business      3. Mailing Address

**3801 PGA BLVD.  
 SUITE 107**

**3801 PGA BLVD.  
 SUITE 107**

1st MOORE      CR2E034 (10/05)

City & State      City & State

**PALM BEACH GARDENS FL**      **PALM BEACH GARDENS FL**

Zip      Country      Zip      Country

**33410 USA**      **33410 USA**

4. FEI Number      Applied For

**52-1196210**      Not Applicable

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

6. Name and Address of Current Registered Agent

**HYMAN, SHERRY LEFKOWI  
 200 ADMINRALS COVE BLVD  
 JUPITER FL 33477**

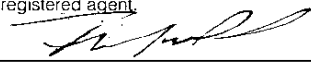
7. Name and Address of New Registered Agent

Name  
**SHERRY L. HYMAN ESQ.**

Street Address (P.O. Box Number is Not Acceptable)  
**3801 PGA BLVD.  
 SUITE 107**

City      State      Zip Code  
**PALM BEACH GARDENS FL 33410**

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:       DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS: \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	PD	<input type="checkbox"/> Delete
	FRANKEL, THOMAS	200 ADMIRALS COVE BLVD	JUPITER FL 33477		<input type="checkbox"/>
	FRANKEL, ANDREW	200 ADMIRALS COVE BLVD	JUPITER FL 33477	VASD	<input type="checkbox"/>
	FRANKEL, THOMAS	200 ADMIRALS COVE BLVD.	JUPITER FL 33477	DT	<input type="checkbox"/>
	KLEIN, ELIZABETH FRAN	200 ADMINRAL'S COVE BLVD	JUPITER FL 33477	SD	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		3801 PGA BLVD. - SUITE 107	PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		3801 PGA BLVD. - SUITE 107	PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		3801 PGA BLVD. - SUITE 107	PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:       Date: **2/2/06**      Daytime Phone #: **561-744-1033**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR