

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004297

FILED
May 02, 2005
Secretary of State

Entity Name: AMERICA ONLINE LATIN AMERICA, INC.

Current Principal Place of Business:

6600 NORTH ANDREWS AVENUE
SUITE 400
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

6600 NORTH ANDREWS AVENUE
SUITE 400
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 65-0963212 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PCEO () Delete
Name: HERINGTON, CHARLES M
Address: 6600 NORTH ANDREWS AVENUE, SUITE 400
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: CFO () Delete
Name: BANOS, OSVALDO
Address: 6600 N ANDREWS AVENUE, SUITE 400
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: V () Delete
Name: GOOD, TRAVIS W
Address: 6600 NORTH ANDREWS AVENUE, SUITE 400
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: V/S () Delete
Name: BRUSCINO, DAVID V/S
Address: 6600 N ANDREWS AVE, SUITE 400
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: T () Delete
Name: MILTON, BRICE P T
Address: 6600 NORTH ANDREWS AVE, SUITE 400
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: V () Delete
Name: HAUSER, EDUARDO A V
Address: 6600 NORTH ANDREWS AVENUE, SUITE 500
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MOLEDO, PAULO T
Address: 6600 NORTH ANDREWS AVE, SUITE 400
City-St-Zip: FORT LAUDERDALE, FL 33309

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: /S/ PAULO MOLEDO

T

05/02/2005

Electronic Signature of Signing Officer or Director

_____ Date