


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000002549 1. Entity Name CSI LATINA FINANCIAL, INC.	
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Principal Place of Business 9990 OLD OLIVE STREET RD. ST. LOUIS, MO 63141	Mailing Address 9990 OLD OLIVE STREET RD. ST. LOUIS, MO 63141
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DO NOT WRITE IN THIS SPACE



04232005 No Chg-P CR2E034 (10/03)

4. FEI Number 75-3007667	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GILLULA, E. WILLIAM 9990 OLD OLIVE STREET RD. ST. LOUIS, MO 63141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAMILTON, STEPHEN G 9990 OLD OLIVE STREET RD. ST. LOUIS, MO 63141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO RODRIGUEZ, ARNALDO 22 GRAND BAY ESTATES CIR. KEY BISCAWAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHERRICK, LORRAINE S 9990 OLD OLIVE STREET RD. ST. LOUIS, MO 63141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000338312
 04/28/05-80031-001 150.00

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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: Lorraine S. Cherrick, Lorraine S. Cherrick 4/26/05 314 997 7010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #