



FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # F02000002549				Secretary of State	
1. Entity Name CSI LATINA FINANCIAL, INC.					
Principal Place of Business 9990 OLD OLIVE STREET RD. ST. LOUIS, MO 63141		Mailing Address 9990 OLD OLIVE STREET RD. ST. LOUIS, MO 63141			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04092008 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number 75-3007667	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing: <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input type="checkbox"/> Delete	TITLE	000000894232 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILLULA, E. WILLIAM		NAME	04/24/08-80019-023 150.00	
STREET ADDRESS	9990 OLD OLIVE STREET RD.		STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS, MO 63141		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMILTON, STEPHEN G		NAME		
STREET ADDRESS	9990 OLD OLIVE STREET RD.		STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS, MO 63141		CITY-ST-ZIP		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, ARNALDO		NAME		
STREET ADDRESS	22 GRAND BAY ESTATES CIR.		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE, FL 33149		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHERRICK, LORRAINE S		NAME		
STREET ADDRESS	9990 OLD OLIVE STREET RD.		STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS, MO 63141		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Lorraine S. Cherrick</i> LORRAINE S. CHERRICK 314.997.7010					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					