2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90300 029 ****61.25

DOCUMENT # F03000004071

1. Entity Name
THE LATIN ACADEMY OF RECORDING ARTS & SCIENCES, INC.

Principal Place of Business	Mailing Address
3841 NORTH EAST 2ND AVE, STE 301 MIAMI, FL 33137	3841 NORTH EAST 2ND AVE, STE 301 MIAMI, FL 33137

04042005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
3841 NE 2nd Avenue	3841 NE 2nd Avenue
Suite, Apt. #, etc.: 301	Suite, Apt. #, etc.: 301
City & State: Miami, FL	City & State: Miami, FL
Zip: 33137 Country: USA	Zip: 33137 Country: USA

4. FEI Number: 95-4501165 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C DIAZ, MANOLO 3841 NORTH EAST 2ND AVE, STE 301 MIAMI, FL 33137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman Kike Santander 3841 NE 2nd Ave, Sta 301 Miami, FL 33137	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOUSDEBES, LUIS 3841 NORTH EAST 2ND AVE, STE 301 MIAMI, FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ABAROA, GABRIEL 3841 NORTH EAST 2ND AVE, STE 301 MIAMI, FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GOMES, TOM 3841 NORTH EAST 2ND AVE, STE 301 MIAMI, FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VAZQUEZ, RAUL 3841 NORTH EAST 2ND AVE, STE 301 MIAMI, FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 617, 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: _____ Luis Dousdebés 4/15/05 (305) 5760036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #