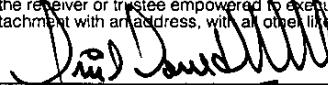


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 3841 NORTH EAST 2ND AVE, STE 301 MIAMI, FL 33137		Mailing Address 3841 NORTH EAST 2ND AVE, STE 301 MIAMI, FL 33137	
2. Principal Place of Business 3841 NE 2nd Avenue		3. Mailing Address 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
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 _____ 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 ☒ Delete 3841 NORTH EAST 2ND AVE, STE 301 MIAMI, FL 33137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman ☒ Change ☐ Addition Kike Santander 3841 NE 2nd Ave, Ste 301 Miami, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUSDEBES, LUIS ☐ Delete 3841 NORTH EAST 2ND AVE, STE 301 MIAMI, FL 33137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABAROA, GABRIEL ☐ Delete 3841 NORTH EAST 2ND AVE, STE 301 MIAMI, FL 33137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOMES, TOM ☐ Delete 3841 NORTH EAST 2ND AVE, STE 301 MIAMI, FL 33137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAZQUEZ, RAUL ☐ Delete 3841 NORTH EAST 2ND AVE, STE 301 MIAMI, FL 33137	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		Date 4/15/05 Daytime Phone # (305) 5760036	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			