2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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3841 NORTH EAST 2ND AVE, STE 301 3841 NORTH EAST 2ND AVE, STE 301 MAMI, FL 33137 3. Mailing Address Suite, Apt. #, etc. Suite, Apt	1. Entity Nam- THE LATI SCIENCE	N ACADEMY OF RECORDI								
Suite, Apr. #, etc. City & State Country S. Certificate of Status Desired 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 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 is the obligations of registered agent. SIGNATURE Filling Fee is \$61.25 Due by May 1, 2006 P. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DI	3841 NORTH EAST 2ND AVE, STE 301 3841 NORTH EAST 2ND AVE, S				1	20015222				
City & State City & State Country City & State Desired Status Desired Status Desired States Des	2. Principal P	ace of Business	3. Mailing Address	ing Address						
Signature Sign	Suite, Apt.	#, elc.	Suite, Apt. #, etc.	uite, Apt. #, etc.			-NP CR2	E037 (11/05)		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Lam familiar with, and state obligations of registered agent. SIGNATURE Filing Fee is \$61.25 Due by May 1, 2006	City & State	9	City & State	ty & State						
Name Street Address (P.O. Box Number is Not Acceptable)	Zip	Country Zip		Country		ree Required				
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City		6. Name and Address of Current R	Registered Agent			7. Name and Addre	ss of New Register	ed Agent		
Sireal Address (P.O. Box Number is Not Acceptable) City FL Zip Code	CTCOPP	ODATION SYSTEM		Narr	10					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. SIGNATURE Signature, hipsed or printed name of registered agent and table if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)					
SIGNATURE Signature, typed or printed name of registered agent and title if appicable. (NOTE: Registered Agent signature required when reinstating)				City			F	Zip Code	•	
Filing Fee is \$61.25 Due by May 1, 2006 10. OFFICERS AND DIRECTORS TITLE NAME SIREET ADDRESS GITY-ST-ZIP TITLE NAME SIREET ADDRESS SIREET A			the purpose of changing	its registered offic	e or register	ed agent, or both, in th	e State of Florida. 1	am familiar with,	and accept	
Trust Fund Contribution. Added to Fees Florida Department of State	SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if applicable. (No	DTE: Registered Agent s	ignature required	when reinstating)	DA*	ΙΈ		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 IIIILE NAME SANT PNDER, KIKE SIREET ADDRESS 3841 NORTH EAST 2ND AVE, STE 301 CITY-ST-ZIP MIAMI, FL 33137 IIITLE DO Delete NAME SIREET ADDRESS 3841 NORTH EAST 2ND AVE, STE 301 CITY-ST-ZIP MIAMI, FL 33137 IIITLE NAME DOUSDEBES, LUIS SIREET ADDRESS 3841 NORTH EAST 2ND AVE, STE 301 CITY-ST-ZIP MIAMI, FL 33137 IIITLE P DOUSDEBES, LUIS SIREET ADDRESS 3841 NORTH EAST 2ND AVE, STE 301 CITY-ST-ZIP MIAMI, FL 33137 IIITLE S SIREET ADDRESS 3841 NORTH EAST 2ND AVE, STE 301 CITY-ST-ZIP MIAMI, FL 33137 IIITLE S GOMES, TOM SIREET ADDRESS CITY-ST-ZIP IIITLE S GOMES, TOM SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP IIITLE NAME SIREET ADDRESS SA41 NORTH EAST 2ND AVE, STE 301 CITY-ST-ZIP MIAMI, FL 33137 IIITLE S GOMES, TOM SIREET ADDRESS CITY-ST-ZIP IIITLE NAME SIREET ADDRESS SA41 NORTH EAST 2ND AVE, STE 301 CITY-ST-ZIP MIAMI, FL 33137 IIITLE NAME SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP IIITLE NAME SAME ADDRESS AS LISTED) CITY-ST-ZIP MIAMI, FL 33137		-					Ψ0.00 may 50			
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NAME VAZQUEZ, RAUL SIREET ADDRESS CITY-ST-ZIP MIAMI, FL 33137 VICE CHAIRMAN VICE CHAIRMAN VAZQUEZ, RAUL SIREET ADDRESS CITY-ST-ZIP (SAME ADDRESS AS LISTED)	STREET ADDRESS	T VAZQUEZ, RAUL 3841 NORTH EAST 2ND AVE, ST	Delete	STREET ADDRE	ess VAZ	QUEZ, RAUL	AS LISTED)	☐ Change	Addition :	
	NAME STREET ADDRESS CITY-ST-ZIP		•	NAME STREET ADDRI CITY-ST-ZIP	CHI 384	41 NORTH EAS		, STE 30		

indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oam; that I am an officer or director of the corporation or the eceiver of 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 full that like empowered.

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

Luís Dousdebes