


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2005 8:00 am
Secretary of State

08-18-2005 90001 003 ***558.75

DOCUMENT # F04000007153

1. Entity Name
LATIN INDUSTRIES INC.



Principal Place of Business
**C/O YAMEL LETAYA, APARTADO 150
P.O. BOX 60326 - 150
HOUSTON, TX 77205**

Mailing Address
**C/O YAMEL LETAYA, APARTADO 150
P.O. BOX 60326 - 150
HOUSTON, TX 77205**

50062199



2. Principal Place of Business
MEXICO

3. Mailing Address
P.O. BOX 60326-150

Suite, Apt. #, etc.
Lomones 75-402

Suite, Apt. #, etc.

08022005 Chg-P CR2E034 (10/03)

City & State
MEXICO D.F.

City & State
HOUSTON TX

4. FEI Number Applied For
Not Applicable

Zip Country
06600 MEXICO

Zip Country
77205 USA

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

6. Name and Address of Current Registered Agent

**LETAYF, YAMEL
19995 N.E. 38TH COURT, #702
AVENTURA, FL 33180**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LETAYF, YAMEL APARTADO 150, P.O BOX 60326 HOUSTON, TX 77205	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 of 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:  **LETAYF YAMEL** 8/18/05 01-52-555-525-1766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT
50062199

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 2, 2005

LATIN INDUSTRIES INC.
C/O YAMEL LETAYA, APARTADO 150
P.O. BOX 60326
HOUSTON, TX 77205

SUBJECT: LATIN INDUSTRIES INC.
Ref. Number: F04000007153

Thank you for your correspondence of July 22, 2005, which has been forwarded to me for response.

A corporation annual report/uniform business report is due to this office between January 1 and May 1 of the year following the calendar year of the file date. In order for the corporation to remain active and current in the State of Florida the corporate Annual Report from must be completed and all fees must be paid. Please see attached print out dated December 21, 2004 showing that the corporation was qualified and authorized to transact business in the State of Florida.

The fee to file the profit annual report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kristen Eckel
Document Specialist

Letter Number: 205A00049765

558.75

ATTACHMENT

57062199
#FO400007153

Form **1120**
Department of the Treasury
Internal Revenue Service

U.S. Corporation Income Tax Return
For calendar year 2004 or tax year beginning _____, 2004, ending _____
▶ See separate instructions.

OMB No. 1545-0123
2004

A Check if: 1 Consolidated return (attach Form 851) <input type="checkbox"/> 2 Personal holding company (attach Schedule PH) <input type="checkbox"/> 3 Personal service corp (see instructions) <input type="checkbox"/> 4 Schedule M-3 required (attach Sch M-3) <input type="checkbox"/>	Use IRS label. Otherwise, print or type.	Name LATIN INDUSTRIES, INC.	B Employer identification number 76-0662390
		Number, street, and room or suite number. If a P.O. box, see instructions. PO BOX 60326-150	C Date incorporated 11/15/00
		City or town state ZIP code HOUSTON TX 77205-0326	D Total assets (see instructions) \$ 692,946.
		E Check if: (1) Initial return (2) Final return (3) Name change (4) Address change	

INCOME	1 a Gross receipts or sales	48,965.	b Less returns & allowances		c Balance ▶	1c	48,965.
	2 Cost of goods sold (Schedule A, line 8)					2	
	3 Gross profit. Subtract line 2 from line 1c					3	48,965.
	4 Dividends (Schedule C, line 19)					4	
	5 Interest					5	696.
	6 Gross rents					6	
	7 Gross royalties					7	
	8 Capital gain net income (attach Schedule D (Form 1120))					8	
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)					9	
	10 Other income (see instructions - attach schedule)					10	
	11 Total income. Add lines 3 through 10					▶ 11	49,661.

DEDUCTIONS SEE INSTRUCTIONS	12 Compensation of officers (Schedule E, line 4)					12	
	13 Salaries and wages (less employment credits)					13	
	14 Repairs and maintenance					14	17,334.
	15 Bad debts					15	
	16 Rents					16	
	17 Taxes and licenses					17	
	18 Interest					18	
	19 Charitable contributions (see instructions for 10% limitation)					19	
	20 Depreciation (attach Form 4562)	20					
	21 Less depreciation claimed on Schedule A and elsewhere on return	21 a				21 b	
	22 Depletion					22	
	23 Advertising					23	
	24 Pension, profit-sharing, etc. plans					24	
	25 Employee benefit programs					25	
26 Other deductions (attach schedule) See Other Deductions Statement					26	28,603.	
27 Total deductions. Add lines 12 through 26					▶ 27	45,937.	
28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11					28	3,724.	
29 Less: a Net operating loss deduction (see instructions)	29 a		3,724.				
b Special deductions (Schedule C, line 20)	29 b				29 c	3,724.	

TAX AND PAYMENTS	30 Taxable income. Subtract line 29c from line 28 (see instructions if Sch C, line 12, was completed)					30	0.
	31 Total tax (Schedule J, line 11)					31	
	32 Payments:						
	a 2003 overpayment credited to 2004	32 a					
	b 2004 estimated tax payments	32 b					
	c Less 2004 refund applied for on Form 4466	32 c					
	d Bal ▶				32 d		
	e Tax deposited with Form 7004				32 e		
	f Credit for tax paid on undistributed capital gains (attach Form 2439)				32 f		
	g Credit for federal tax on fuels (attach Form 4136). See instructions				32 g		
33 Estimated tax penalty (see instructions). Check if Form 2220 is attached					▶ <input type="checkbox"/>	33	
34 Tax due. If line 32h is smaller than the total of lines 31 and 33, enter amount owed						34	
35 Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid						35	
36 Enter amount of line 35 you want: Credited to 2005 estimated tax						▶ 36	

Sign Here	Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		May the IRS discuss this return with the preparer shown below? (see inst)	
	Signature of officer	Date	Title	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer's Use Only	Preparer's signature	Date	Preparer's SSN or PTIN	
	Firm's Name (or yours if self-employed), address, and ZIP code	05/13/05	052-32-8363	
		Check if self-employed <input type="checkbox"/>	EIN	91-2188347
			TX 77205	Phone no.

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Schedule J Tax Computation (see instructions)

<p>1 Check if the corporation is a member of a controlled group (see sections 1561 and 1563) <input type="checkbox"/></p> <p>Important: Members of a controlled group, see instructions.</p> <p>2a If the box on line 1 is checked, enter the corporation's share of the \$50,000, \$25,000, & \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____</p> <p>b Enter the corporation's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____</p> <p>3 Income tax. Check if a qualified personal service corporation under section 448(d)(2) (see instructions) <input type="checkbox"/></p> <p>4 Alternative minimum tax (attach Form 4626)</p> <p>5 Add lines 3 and 4</p> <p>6a Foreign tax credit (attach Form 1118) 6 a</p> <p>b Possessions tax credit (attach Form 5735) 6 b</p> <p>c Check: <input type="checkbox"/> Nonconventional source fuel credit <input type="checkbox"/> QEV credit (attach Form 8834) 6 c</p> <p>d General business credit. Check box(es) and indicate which forms are attached. <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) ▶ 6 d</p> <p>e Credit for prior year minimum tax (attach Form 8827) 6 e</p> <p>f Qualified zone academy bond credit (attach Form 8860) 6 f</p> <p>7 Total credits. Add lines 6a through 6f</p> <p>8 Subtract line 7 from line 5</p> <p>9 Personal holding company tax (attach Schedule PH (Form 1120))</p> <p>10 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)</p> <p>11 Total tax. Add lines 8 through 10. Enter here and page 1, line 31</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px;">3</td><td style="width: 20px;"> </td></tr> <tr><td>4</td><td> </td></tr> <tr><td>5</td><td> </td></tr> <tr><td>6</td><td> </td></tr> <tr><td>7</td><td> </td></tr> <tr><td>8</td><td> </td></tr> <tr><td>9</td><td> </td></tr> <tr><td>10</td><td> </td></tr> <tr><td>11</td><td> </td></tr> </table>	3		4		5		6		7		8		9		10		11	
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Schedule K Other Information (see instructions)

<p>1 Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶ _____</p> <p>2 See the instructions and enter the: a Business activity code no. ▶ <u>541990</u> b Business activity ▶ <u>INTERNATIONAL BUSINESS</u> c Product or service ▶ <u>INTERNATIONAL BUSINESS</u></p> <p>3 At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) <input checked="" type="checkbox"/> If 'Yes,' attach a schedule showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) taxable income or (loss) before NOL and special deductions of such corporation for the tax year ending with or within your tax year.</p> <p>4 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input checked="" type="checkbox"/> If 'Yes,' enter name and EIN of the parent corporation _____</p> <p>5 At the end of the tax year, did any individual, partnership, corporation, estate or trust own, directly or indirectly, 50% or more of the corporation's voting stock? (For rules of attribution, see section 267(c).) <input checked="" type="checkbox"/> If 'Yes,' attach a schedule showing name and identifying number. (Do not include any information already entered in 4 above.) Enter % owned ▶ _____</p> <p>6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.) <input checked="" type="checkbox"/> If 'Yes,' file Form 5452, Corporate Report of Nondividend Distributions. If this is a consolidated return, answer here for the parent corporation and on Form 851, Affiliations Schedule, for each subsidiary.</p>	<p>7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of stock of the corporation entitled to vote or (b) the total value of all classes of stock of the corporation? <input checked="" type="checkbox"/> If 'Yes,' enter: (a) Percentage owned <u>50.00</u> and (b) Owner's country ▶ <u>MEXICO</u></p> <p>c The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter number of Forms 5472 attached <u>0</u></p> <p>8 Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.</p> <p>9 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____</p> <p>10 Enter the number of shareholders at the end of the tax year (if 75 or fewer) <u>2</u></p> <p>11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here <input type="checkbox"/> If the corporation is filing a consolidated return, the statement required by Temporary Regulations section 1.1502-21T(b)(3)(i) or (ii) must be attached or the election will not be valid.</p> <p>12 Enter the available NOL carryover from prior tax years (Do not reduce it by any deduction on line 29a.) ▶ \$ <u>13,297.</u></p> <p>13 Are the corporation's total receipts (line 1a plus lines 4 through 10 on page 1) for the tax year and its total assets at the end of the tax year less than \$250,000? <input checked="" type="checkbox"/> If 'Yes,' the corporation is not required to complete Schedules L, M-1, and M-2 on page 4. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year. ▶ \$ _____</p>
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Note: If the corporation, at any time during the tax year, had assets or operated a business in a foreign country or U.S. possession, it may be required to attach Schedule N (Form 1120), Foreign Operations of U.S. Corporations, to this return. See Schedule N for details.

LATIN INDUSTRIES, INC. 76-0662390

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Form 1120, Page 1, Line 26
Other Deductions Statement

<u>Commissions</u>	<u>725.</u>
<u>Insurance</u>	<u>2,688.</u>
<u>Postage</u>	<u>6,628.</u>
<u>Telephone</u>	<u>769.</u>
<u>Utilities</u>	<u>2,261.</u>
<u>INTEREST EXPENSE</u>	<u>15,532.</u>
Total	<u><u>28,603.</u></u>