

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90178 013 \*\*\*150.00

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # F04000007153**

1. Entity Name  
**LATIN INDUSTRIES INC.**



Principal Place of Business 19995 N.E. 38th COURT 702 AVENTURA FL. 93180	Mailing Address PMB 024-266 413 Interamerica Blvd. WH1 Laredo, Tx 78045
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40026814



2. Principal Place of Business		Suite, Apt. #, etc.		Suite, Apt. #, etc.		02182006	Chg-P	CR2E034 (11/05)
City & State		City & State		4. FEI Number 76-0662390		Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent HARVARD BUSINESS SERVICES, INC. 25 GREYSTONE MANOR LEWES, DELAWARE 19958				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD JETAYF, YAMEL 19995 N.E. 38th COURT 702 AVENTURA FL. 33180	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: \_\_\_\_\_ *[Signature]* \_\_\_\_\_ *2-20-06* \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #