## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000001930

Name:

Address:

City-St-Zip:

Entity Name: TEM ESERVICES LATIN AMERICA INC

( ) Delete

1111 BRICKELL AVE., SUITE 1000

SOLA, JOSE

MIAMI, FL 33313

FILED Apr 30, 2007 Secretary of State

Littly Nan	ie. ILIVIL	.GERVICES LAT	IN AMERICA, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
MELLON F 1111 BRICI MIAMI, FL	KELL AVE.	CENTER , SUITE 1000					
Current Mailing Address:				New Mailing Address:			
MELLON FINANCIAL CENTER 1111 BRICKELL AVE., SUITE 1000 MIAMI, FL 33313			METRO OFFICE PARK BLDG. 17 SUITE 600 GUAYNABO, PR 00968				
FEI Number:	32-0132009	FEI Number	Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:		
1201 HAYS TALLAHAS	SSTREET SSEE, FL 3 named ent of Florida.	VICE COMPAN 23012525 US ity submits this s		irpose of changing	its registe	ered office or registered agent, or both,	
Electronic Signature of Registered Agent				nt	Date		
Election Carr	npaign Finan	cing Trust Fund C	ontribution ( ).				
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:		() Delete MARIA D FICE PARK BLDG , PR 00968	17, SUITE 600	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:		()Delete RQUES, MANUEL KELL AVE., SUITE <sup>2</sup> 33313	1000	Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition O, LUIS SCO DE MEDINA EL PARQUE PISO 6 AS, VE 1060	
Title:	D	( ) Delete		Title:	D	(X) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MARIA D. PIZARRO-FIGUEROA SEC 04/30/2007

(X) Change ( ) Addition

FRANCISCO DE MEDINA EL PARQUE PISO 6

CORTEZ, PEDRO

CARACAS, VE 1060