

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F58623

FILED
Jan 22, 2007
Secretary of State

Entity Name: LATIN AMERICAN NETWORK, INC.

Current Principal Place of Business:

119 WASHINGTON AVE.
501
MIAMI BEACH, FL 33139

Current Mailing Address:

119 WASHINGTON AVE.
501
MIAMI BEACH, FL 33139

New Principal Place of Business:

9050 PINES BLVD.
450-11
PEMBROKE PINES, FL 33024

New Mailing Address:

9050 PINES BLVD.
450-11
PEMBROKE PINES, FL 33024

FEI Number: 59-2285293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LITCHFORD, HAL K ESQUIRE
390 NORTH ORANGE AVE., STE. 2200
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

LITCHFORD, HAL K ESQUIRE
390 NORTH ORANGE AVE.
STE. 2200
ORLANDO, FL 32801 US

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.

SIGNATURE:

01/22/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DARCYL, SEBASTIAN
Address: PARAQUAY 755, 6TH FLOOR, BUENOS AIRES
City-St-Zip: ARGENTINA 1057, OC

Title: DV (X) Delete
Name: DARCYL, TOMAS
Address: PARAQUAY 755, 6TH FLOOR, BUENOS AIRES
City-St-Zip: ARGENTINA 1057, OC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: AVILES, VICTOR
Address: 9050 PINES BLVD., SUITE 450-11
City-St-Zip: PEMBROKE PINES, FL 33024

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: VICTOR AVILES

D

01/22/2007

Electronic Signature of Signing Officer or Director

Date