


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # F96000005188</b>		
1. Entity Name <b>LATME REALTY CORP.</b>		

**FILED**  
**05 OCT -6 AM 11:11**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>18302 NW 68 AVE. MIAMI, FL 33015</b>	Mailing Address <b>7201 SW 77 CT. MIAMI, FL 33143 US</b>
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2. Principal Place of Business <b>2119 S. VENUS ST</b>	3. Mailing Address <b>2119 S VENUS ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>TAMPA FL.</b>	City & State <b>TAMPA FL.</b>
Zip <b>33629</b>	Country <b>USA.</b>
Zip <b>33629</b>	Country <b>USA</b>



09212005 Chg-P CR2E034 (10/03)

4. FEI Number <b>11-2476990</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>FERNANDEZ, JULIO 2801 PONCE DE LEON BLVD CORAL GABLES, FL 33134</b>	7. Name and Address of New Registered Agent Name <b>LUIS CALLEJA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2119 S VENUS ST</b> City <b>TAMPA</b> FL Zip Code <b>33629</b>
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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)  
Signature, typed or printed name of registered agent and title if applicable. DATE

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CALLEJA, LUIS 7201 SW 77CT. MIAMI, FL 331434011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUIS CALLEJA 2119 S. VENUS ST TAMPA FL 33629 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CALLEJA, AGRIPINA 7201 SW 77 CT. MIAMI, FL 331434011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CALLEJA, AGRIPINA 2119 S. VENUS ST TAMPA, FL 33629 <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200060302582 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/06/05--01050--015 **\$61.25
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
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

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 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** Luis E. Calleja **9/28/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #