2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J30707

1. Entity Name
LATIN QUARTER APARTMENTS, INC.

Principal Place of Business	Mailing Address
1120 SOUTHWEST 101ST AVENUE MIAMI, FL 33174	1120 SOUTHWEST 101ST AVENUE MIAMI, FL 33174

DO NOT WRITE IN THIS SPACE

01042005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2745916	Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, MARTHA
1120 SOUTHWEST 101ST AVENUE
MIAMI, FL 33174

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PSD
NAME	GONZALEZ, MARTHA
STREET ADDRESS	1120 SW 101ST AVENUE
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	VPTD
NAME	SANTOYO, MARTHA M
STREET ADDRESS	15910 SW 42 TERR
CITY-ST-ZIP	MIAMI, FL 33185
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/13/05-80007-018 158.75

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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: _Martha Gonzalez_ Martha Gonzalez   1/11/05   305 553-3985

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