


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # J30707 1. Entity Name LATIN QUARTER APARTMENTS, INC.	
--	---

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



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2745916	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

000000582711
01/11/07-80044-002 158.75

DO NOT WRITE IN THIS SPACE

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: *Martha Gonzalez* *Martha Gonzalez* *1/10/07* *305 553-3984*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #