

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J54398

1. Entity Name
LATIN AMERICA RESERVATION CENTER, INC.



Principal Place of Business

902 VALENTINA DR
DUNDEE, FL 33838 US

Mailing Address

P. O. BOX 1435
P.O. BOX 1435
DUNDEE, FL 33838

FILED
Apr 02, 2007 08:00 AM
Secretary of State



03242007 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-2806229

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, JUDY
902 VALENTINA DR
DUNDEE, FL 33838

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

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

000000684911
04/06/07-80050-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARTIN, JUDY
STREET ADDRESS	P. O. BOX 1435
CITY-ST-ZIP	DUNDEE, FL
TITLE	STD
NAME	DUNN, DONNA
STREET ADDRESS	P. O. BOX 1435
CITY-ST-ZIP	DUNDEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/07 863/4391486
Date Daytime Phone #