

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K88205 1. Entity Name LATIN AMERICAN FORWARDING COMPANY			
Principal Place of Business 6819 NW 84 AVE MIAMI, FL 33166		Mailing Address 6819 NW 84 AVE MIAMI, FL 33166	
2. Principal Place of Business - No P.O. Box # 5642 SW 103 CT		3. Mailing Address 5642 SW 103 CT	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33173		Zip 33173	
Country 		Country 	
4. FEI Number 65-0123300		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOBERON, JORGE A 5642 SW, 103 COURT MIAMI, FL 33173		7. Name and Address of New Registered Agent Name ZOLA M. SOBERON Street Address (P.O. Box Number is Not Acceptable) 5642 SW 103 CT City MIAMI FL Zip Code 33173	
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 <i>Jorge A. Soberon</i> <small>Signature, typed or printed name of registered agent, and title if applicable</small>		DATE <i>Sept 11, 2007</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOBERON, JORGE A 5642 SW 103 COURT MIAMI, FL 33173	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300109323713 09/11/07--01056--003 **\$300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FUENMAYOR, LUIS A 12581 SW 77 STREET MIAMI, FL 33183	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, VP, T.S.D 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P, VP, T.S.D ZOLA M. SOBERON 5642 SW 103 CT MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.		REINSTATEMENT <i>06-07</i> <i>[Signature]</i>	
SIGNATURE: <i>Jorge A. Soberon</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <i>Sept 11, 2007</i> <small>Date</small>	