
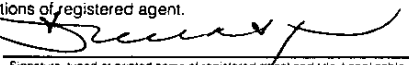
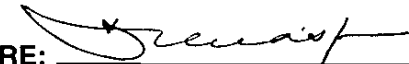


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 MAY 15 AM 9:58

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # L00000006125			
1. Entity Name LATIN NODE LLC			
Principal Place of Business 7232 NORTHWEST 31ST STREET MIAMI, FL 33122		Mailing Address 7232 NORTHWEST 31ST STREET MIAMI, FL 33122	
2. Principal Place of Business - No P.O. Box # 9800 NW 41 STREET		3. Mailing Address 9800 NW 41 STREET	
Suite, Apt. #, etc. SUITE 200		Suite, Apt. #, etc. SUITE 200	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33178	Country USA	Zip 33178	Country USA
6. Name and Address of Current Registered Agent VASQUEZ, GLORIA 7232 NW 31 STREET MIAMI, FL 33122		7. Name and Address of New Registered Agent Name VASQUEZ, GLORIA Street Address (P.O. Box Number is Not Acceptable) 9800 NW 41 STREET, SUITE 200 City MIAMI FL Zip Code 33178	
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.		GLORIA VASQUEZ, MGR 4/17/07 (NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GRANADOS, JORGE 7232 NW 31 ST MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GRANADOS, JORGE 9800 NW 41 STREET, SUITE 200 MIAMI, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DE LA SALAS, OLIVIA 7232 NW 31 ST MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DE LA SALAS, OLIVIA 9800 NW 41 STREET, SUITE 200 MIAMI, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VASQUEZ, GLORIA 7232 NW 31 ST MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VASQUEZ, GLORIA 9800 NW 41 STREET, SUITE 200 MIAMI, FL 33178 <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	800103596306 05/31/07--01007--020 **903.75 <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
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
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		GLORIA VASQUEZ, MGR 4/17/07 (305) 5924848 Date Daytime Phone #	