

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001345

FILED
May 29, 2009
Secretary of State

Entity Name: LATIN AM, L.L.C.

Current Principal Place of Business:

421 MAYA AVE.
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

P.O BOX 143-557
C/O A. DIAZ MASVIDAL
CORAL GABLES, FL 33114

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MASVIDAL-VISSER, MARIA
421 MAYA AVE.
CORAL GABLES, FL 33146 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MASVIDAL-VISSER, MARIA
Address: 421 MAYA AVE.
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR () Delete
Name: DIAZ-MASVIDAL, GERTRUDIS
Address: 421 MAYA AVE.
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR () Delete
Name: DIAZ-MASVIDAL, ADRIANA
Address: 421 MAYA AVE.
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR () Delete
Name: MASVIDAL VISSER, MARIA
Address: 421 MAYA AVE.
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARIA MASVIDAL-VISSER

MGR

05/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date