2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# L04000016896

Entity Name: LATIN CAPITAL VENTURES LLC

Current Principal Place of Business:

20201 EAST COUNTRY CLUB DRIVE
SUITE 607
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

20201 EAST COUNTRY CLUB DRIVE
SUITE 607
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 20-0811833 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREZ, LEON
20201 EAST COUNTRY CLUB DRIVE
607
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

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:	MGRM	( ) Delete
Name:	RODRIGUEZ, JOSE	
Address:	1020 NAUTICA DRIVE	
City-St-Zip:	WESTON, FL 33327 US	
Title:	MGRM	( ) Delete
Name:	KASSIN, SALOMON	
Address:	19355 TURNBERRY ROAD APT 11B	
City-St-Zip:	AVENTURA, FL 33180 US	
Title:	MGRM	( ) Delete
Name:	PEREZ, LEON	
Address:	20201 EAST COUNTRY CLUB DRIVE # 607	
City-St-Zip:	AVENTURA, FL 33180 US	

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:	

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: LEON PEREZ MGRM 04/13/2009

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