2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000093955

1. Entity Name LATINANTS, LLC

FILED
Jan 11, 2007 08:00 AM
Secretary of State

Principal Place of Business

1401 BRICKELL AVENUE SUITE 1010 MIAMI, FL 33131 Mailing Address

1401 BRICKELL AVENUE SUITE 1010 MIAMI, FL 33131

01052007 No Chg-LLC

CR2E083 (11/05)

Daytime Phone #

4. FEI Number
20-3744685

S. Certificate of Status Desired

Applied For Not Applicable

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GUZMAN, RAFAELA 1401 BRICKELL AVENUE SUITE 1010 MIAMI, FL 33131 DO NOT WRITE
IN THIS SPACE

SIGNATURE Signature afted or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when renstating) DATE			
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUZMAN, RAFAELA 1401 BRICKELL AVENUE, SUITE 1010 MIAMI, FL 33131		Hooocomooo to
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000583046 01/11/07-80056-011 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.			

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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 Fiorida. I am familiar with, and accept