

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90047 031 ***150.00

DOCUMENT # L63434

1. Entity Name
LATINTRADE INTERNATIONAL CORPORATION



Principal Place of Business
999 PONCE DE LEON
STE 715
MIAMI, FL 33134

Mailing Address
999 PONCE DE LEON BLVD
SUITE 715
CORAL GABLES, FL 33134



2. Principal Place of Business
2600 Douglas Rd. PH 6
Suite, Apt., #, etc.

3. Mailing Address
2600 Douglas Rd. PH 6
Suite, Apt., #, etc.

01082004 Chg-P CR2E034 (10/03)

City & State
Coral Gables, FL
Zip
33134 Country US

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Coral Gables, FL
Zip
33134 Country US

4. FEI Number
65-0188066
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARRERO, ANTONIO J.
999 PONCE DE LEON BLVD
SUITE 715
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2600 Douglas Rd. PH 6
City
Coral Gables FL 33134

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 DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME CARRERO, ANTONIO J.
STREET ADDRESS 999 PONCE DE LEON BLVD SUITE 715
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE SD ☐ Delete
NAME CARRERO, MARIA I.
STREET ADDRESS 999 PONCE DE LEON BLVD SUITE 715
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
TITLE
NAME 2600 Douglas Rd. PH 6
STREET ADDRESS Coral Gables, FL 33134
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #