

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90338 020 ****61.25

DOCUMENT # N00000005392					
1. Entity Name LATIN AMERICAN HORIZONS INC.					
Principal Place of Business 169 E. FLAGLER STREET SUITE 1534 MIAMI, FL 33131			Mailing Address 169 E. FLAGLER STREET SUITE 1534 MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address 1450 NW 108 Ave Suite, Apt. #, etc. Apt 242			
Suite, Apt. #, etc.		City & State Plantation, FL			
City & State	4. FEI Number 65-1090193				
Zip	Country	Zip 33322	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANKY, CARLOS 361 LAKEVIEW DRIVE CORAL SPRINGS, FL 33071			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D	NAME APONTE, CLAUDIA		TITLE 	NAME 	
STREET ADDRESS 361 LAKEVIEW DRIVE	CITY-ST-ZIP CORAL SPRINGS, FL 33071		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME STAND, RAFAEL		TITLE 	NAME 	
STREET ADDRESS 361 LAKEVIEW DRIVE	CITY-ST-ZIP CORAL SPRINGS, FL 33071		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME FRANKY, CARLOS		TITLE 	NAME 	
STREET ADDRESS 361 LAKEVIEW DRIVE	CITY-ST-ZIP CORAL SPRINGS, FL 33071		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE P	NAME MEJIA, WALTER		TITLE 	NAME 	
STREET ADDRESS 120 BORRVENTORE BLVD. #204	CITY-ST-ZIP WESTON, FL 33326		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	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 617, 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: <u>Walter Mejia - Walter Mejia, President</u> 4/26/04					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					