2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2005
Secretary of State

DOCUMENT# N01000006509

Entity Name: FUNDACION LATINOAMERICANA DE PROFESIONALES, INC.

Current Principal Place of Business:

900 NW 31 AVENUE
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

900 NW 31 AVENUE
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 65-1140770 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ENCISO, SIXTA
13264 NW 12TH ST
PEMBROKE PINES, FL 33028 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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	ENCISO, SIXTA	
Address:	13264 NW 12TH ST	
City-St-Zip:	PEMBROKE PINES, FL 33028	
Title:	V	( ) Delete
Name:	CARDOZO, MARTHA	
Address:	3900 NW 76 AVE APT. 106	
City-St-Zip:	SUNRISE, FL 33351	
Title:	S	( ) Delete
Name:	RIZARRALDE, CAMILO	
Address:	13264 NW 12TH ST	
City-St-Zip:	PEMBROKE PINES, FL 33028	
Title:	T	( ) Delete
Name:	KIGUELMAN, MARIO	
Address:	3900 NW 76 AVENUE, #112	
City-St-Zip:	SUNRISE, FL 33351	
Title:	D	( ) Delete
Name:	MONTOYA, ESTEBAN	
Address:	5040 NW 199 STREET	
City-St-Zip:	MIAMIA, FL 33055	
Title:	D	( ) Delete
Name:	TORRES, GUSTAVO	
Address:	3851 NW 110 AVENUE	
City-St-Zip:	CORAL SPRINGS, FL 33065	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	
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 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIXTA ENCISO P 06/29/2005

Electronic Signature of Signing Officer or Director — Date