

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90182 036 ****61.25

DOCUMENT # N05000002723

1. Entity Name
THE LATIN AMERICA CEO NETWORK, INC.



Principal Place of Business
**11601 SW 69 AVE
MIAMI, FL 33156**

Mailing Address
**11601 SW 69 AVE
MIAMI, FL 33156**



2. Principal Place of Business

200 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite 4620

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Address

200 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite 4620

City & State

Miami, FL

Zip

33131

Country

USA

04172006

Chg-NP

CR2E037 (11/05)

4. FEI Number

20-2514015

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STEIN, MICHAEL
11601 SW 69 AVE
MIAMI, FL 33156**

7. Name and Address of New Registered Agent

Name

Michael A. Stein

Street Address (P.O. Box Number is Not Acceptable)

200 S. Biscayne Blvd.

Suite 4620

City

Miami

FL

Zip Code

33131

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

Michael A. Stein

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

(NOTE: Registered Agent signature required when reinstating)

4/17/06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **STEIN, MICHAEL**
STREET ADDRESS **11601 SW 69 AVE**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **D** ☐ Delete
NAME **DACOSTA, RUI**
STREET ADDRESS **5200 BLUE LAGOON DRIVE SUITE 950**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **D** ☐ Delete
NAME **CENTRO, JUAN**
STREET ADDRESS **701 WATERFORD WAY SUITE 1000**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **D** ☐ Delete
NAME **PIZARRO, PETE**
STREET ADDRESS **1221 BRICKELL AVE 6TH FLOOR**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **centro, Juan**
STREET ADDRESS **701 Waterford way suite 1000**
CITY-ST-ZIP **Miami, FL 33126**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Michael A. Stein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06

Date

Daytime Phone #

786-425-8933
305