

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 10, 2007 08:00 A
Secretary of State

DOCUMENT # N05000002723

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



Principal Place of Business

200 S BISCAYNE BLVD STE 4620
MIAMI, FL 33131

Mailing Address

200 S BISCAYNE BLVD STE 4620
MIAMI, FL 33131



08072007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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
200 BISCAYNE BLVD STE 4620
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEIN, MICHAEL
STREET ADDRESS	11601 SW 69 AVE
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	DACOSTA, RUI
STREET ADDRESS	5200 BLUE LAGOON DRIVE SUITE 950
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	D
NAME	CENTO, JUAN
STREET ADDRESS	701 WATERFORD WAY STE 1000
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	D
NAME	PIZARRO, PETE
STREET ADDRESS	1221 BRICKELL AVE 6TH FLOOR
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000771876
08/10/07-80004-022 61.25

**DO NOT WRITE
IN THIS SPACE**

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 Stein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/mo/Phone #