

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008844

FILED
Sep 08, 2006
Secretary of State

Entity Name: LATIN AMERICAN FOUNDATION FOR EDUCATION AND HEALTH, INC.

Current Principal Place of Business:

3750 WAYMOUTH CIR
NAPLES, FL 34112

New Principal Place of Business:

9086 SAHALEE CT
NAPLES, FL 34113

Current Mailing Address:

3750 WAYMOUTH CIR
NAPLES, FL 34112

New Mailing Address:

9086 SAHALEE CT
NAPLES, FL 34113

FEI Number: 11-3789312 **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:

QUINTERO, ANTHONY J
3750 WAYMOUTH CIR
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

QUINTERO, ANTHONY J
9086 SAHALEE CT
NAPLES, FL 34113 US

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: ANTHONY J QUINTERO

09/08/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: QUINTERO, ANTHONY J
Address: 3750 WAYMOUTH CIR
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: CABTERA, FRANCISCO E
Address: 3750 WAYMOUTH CIR
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: QUINTERO, JAIME
Address: 3750 WAYMOUTH CIR
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: HERNANDEZ, ROSARIO
Address: 3750 WAYMOUTH CIR
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: QUINTERO, ANTHONY J
Address: 9086 SAHALEE CT
City-St-Zip: NAPLES, FL 34113

Title: D (X) Change () Addition
Name: CABTERA, FRANCISCO E
Address: 9086 SAHALEE CT
City-St-Zip: NAPLES, FL 34113

Title: D (X) Change () Addition
Name: QUINTERO, JAIME
Address: 9086 SAHALEE CT
City-St-Zip: NAPLES, FL 34113

Title: D (X) Change () Addition
Name: HERNANDEZ, ROSARIO
Address: 9086 SAHALEE CT
City-St-Zip: NAPLES, FL 34113

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ANTHONY J QUINTERO

D

09/08/2006

Electronic Signature of Signing Officer or Director

Date