2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009883

Title:

Name:

Address:

City-St-Zip:

FILED May 01, 2007 Secretary of State

Entity Name: LATIN AMERICAN MISSION, INC.				
Current Principal Place of Business:		New Princ	New Principal Place of Business:	
	NTROSE STREET T, FL 34711 US			
Current Mailing Address:		New Maili	ng Address:	
614 E. HIGH P. O. BOX 2 CLERMON				
FEI Number: 56-2612032 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: Name and Address of New Registered Agent:				
SOTO, JOS 614 E. HIGH P. O. BOX 2 CLERMON	HWAY 50			
The above in the State	named entity submits this statement for the purpose of Florida.	of changing i	ts registered office or registered agent, or both,	
SIGNATUR	RE:			
Electronic Signature of Registered Agent			Date	
OFFICERS AND DIRECTORS:		ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete SOTO, JOSE JR. 142 LAKE CATHERINE CIRCLE GROVELAND, FL 34736 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	S () Change (X) Addition RAMIREZ, FELIZ P. O. BOX 98 MASCOTTE, FL 34750 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	T () Change (X) Addition GUTIERREZ, FIDEL 13419 LAKE BLVD. WINTER GARDEN, FL 34787 US	
Title: Name: Address: City-St-Zip:	()Delete	Title: Name: Address: City-St-Zip:	O () Change (X) Addition HART, MICHAEL 211 LAKESHORE DRIVE MINNEOLA, FL 34715 US	

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOSE SOTO, JR. P 05/01/2007

() Delete

() Change (X) Addition

SOTO, JOSE III

142 LAKE CATHERINE CIRCLE

GROVELAND, FL 34736 US