

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90199 029 \*\*\*\*61.25

DOCUMENT # **NOE 00011747**

1. Entity Name

**LATIN AMERICAN PROFESSIONAL ARTISTS  
ORGANIZATION, INC.**



Principal Place of Business

Mailing Address

**4711 SOUTH HIMES AVE.  
APT. 2108  
TAMPA FL 33611**

**4711 SOUTH HIMES AVE.  
APT. 2108  
TAMPA FL 33611**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**56-2635041**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BALLAGAS, JOAN  
4711 SOUTH HIMES AVE.  
APT. 2108  
TAMPA FL 33611**

Name

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

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**CHRM  
BALLAGAS, JOAN  
4711 SOUTH HIMES AVE. APT. 2108  
TAMPA FL 33611**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**P  
BALLAGAS, JOAN  
4711 SOUTH HIMES AVE. APT. 2108  
TAMPA FL 33611**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY- ST- ZIP

**VTD  
GUTIERREZ, GIOVANNI  
2902 BAYSHORE VISTA DR.  
TAMPA FL 33611**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ Change ☐ Addition

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STREET ADDRESS  
CITY- ST- ZIP

**SD  
SOTO, CARLOS M  
1521 1/2 7TH AVENUE 2ND FLOOR  
YBOR CITY, TAMPA FL**

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CITY- ST- ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/07**