## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000002720

Address:

City-St-Zip:

10 PICADILLY

LONDON, UK W1J0DD

Entity Name: IFPI LATIN AMERICA, INC.

FILED Apr 14, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
10451 NW 105	/ 117TH AVEN	UE			
MIAMI, FL	33178 US				
Current Mailing Address:			New Mailing Address:		
701 BRICKELL AVENUE STE. 3000 MIAMI, FL 33131			10451 NW 117TH AVENUE 105 MIAMI, FL 33178		
FEI Number	: 65-0593415	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
11380 PR		NS NETWORK INC. RMS ROAD #221E IS, FL 33410 US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	VAZQUEZ, RAI	TH AVENUE, SUITE 105	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	LUGO, ARMÂN	TH AVENUE, SUITE 105	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ZABALA, INIGO 555 WASHING MIAMI BEACH,	TON AVENUE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( NOLAN, JOHN 10 PICADILLY LONDON, UK	) Delete W1J0DD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ARMANDO LUGO ST 04/14/2008