

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003139

Entity Name: LATIN FESTIVALS, INC

FILED  
Sep 06, 2005  
Secretary of State

## Current Principal Place of Business:

4325 GEORGIA AVE.  
WEST PALM BEACH, FL 33405

## New Principal Place of Business:

## Current Mailing Address:

4325 GEORGIA AVE.  
WEST PALM BEACH, FL 33405

## New Mailing Address:

FEI Number: 65-0599658      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:

LAVIN, MIGUEL A  
4325 GEORGIA AVE.  
WEST PALM BEACH, FL 33405      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: PD      ( ) Delete  
Name: LAVIN, MIGUEL  
Address: 1418 MMICHIGAN DRIVE  
City-St-Zip: LAKE WORTH, FL

Title: T      ( ) Delete  
Name: LAVIN, CAROLINA  
Address: 9372 BAU DRIVE  
City-St-Zip: SURFSIDE, FL

Title: T      ( ) Delete  
Name: MONZON, EDUARDO  
Address: 4325 GEORGIA AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33405

Title: S      ( ) Delete  
Name: LAVIN, MIGUEL D  
Address: 4325 GEORGIA AVE  
City-St-Zip: WEST PALM BEACH, FL 33405

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MIGUEL A LAVIN

MR

09/06/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date