

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003139

Entity Name: LATIN FESTIVALS, INC

FILED
May 24, 2006
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 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: MIGUEL LAVIN

PD

05/24/2006

Electronic Signature of Signing Officer or Director

Date