

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002130

FILED
Apr 26, 2005
Secretary of State

Entity Name: LATIN AMERICAN TRAVEL & TOURS OF FLA.,(L.A.T.T.A.) CORP.

Current Principal Place of Business:

5501 N.W. 7TH ST
#E315
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

P O BOX 526628
MIAMI, FL 33152628 US

New Mailing Address:

FEI Number: 26-7662071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, REYNALDO
5501 N.W. 7TH ST
#E315
MIAMI, FL 33126 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: HERNANDEZ, REYNALDO
Address: 5501 N.W. 7TH ST
City-St-Zip: MIAMI, FL 33126

Title: EX-D () Delete
Name: GONZALEZ, WILLIAM EXECUTI
Address: 5501 N.W. 7TH ST
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: CARDENAS, MARTA
Address: 475 N.W. 85TH CRT #9
City-St-Zip: MIAMI, FL 33126

Title: S () Delete
Name: MARTINEZ, VANESSA
Address: 275 FONTAINBLEAU BLVD, STE #250
City-St-Zip: MIAMI, FL 33172

Title: P () Delete
Name: DE MENA, CARLOS JR
Address: 2552 NW 7ST
City-St-Zip: MIAMI, FL 33125

Title: VP () Delete
Name: BRUNNA, FRANCISCO
Address: 6557 CORAL WAY
City-St-Zip: MIAMI, FL 33135

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:

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: REYNALDO HERNANDEZ

PD

04/26/2005

Electronic Signature of Signing Officer or Director

Date