

2005 FOR PROFIT CORPORATION ANNUAL REPORT


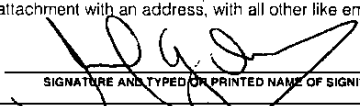
FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90385 045 ***150.00

14012306



04252005 Chg-P CR2E034 (10/03)

DOCUMENT # P00000050637					
1. Entity Name LATIN AMERICAN INVESTMENTS, INC.					
Principal Place of Business 1915 BRICKELL AVE C 1009 MIAMI, FL 33129			Mailing Address 4615 NW - 72 AVE 107 MIAMI, FL 33166		
2. Principal Place of Business 18911 Collins Ave		3. Mailing Address 7640 NW - 25 St			
Suite, Apt. #, etc. 2102		Suite, Apt. #, etc. 103			
City & State Sunny Isles		City & State MIAMI		4. FEI Number 65-1010112	
Zip 33160		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33160		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEDEI, RAUL G 18911 COLLINS AVENUE 2102 SUNNY ISLES, FL 33160			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAJUL, OLGA ALVEAR 426 2DO PISO B CARLOS PAZ, CORDOBA ARGENTINA.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD MEDEI, RAUL GUILLERMO 18911 COLLINS AVENUE # 2102 SUNNY ISLES, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEDEI, GUILLERMO ALVEAR 426 2DO PISO B CARLOS PAZ, CORUOBA, ARGENTINA,	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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: 		RAUL MEDEI		04/25/05 305 718 9554	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	