


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90062 019 ***150.00

DOCUMENT # P00000099087	
1. Entity Name PLANET LATINO MARKET INTELLIGENCE, INC.	

Principal Place of Business 8362 S.W. 110TH ST. MIAMI, FL 33156	Mailing Address 8362 S.W. 110TH ST. MIAMI, FL 33156
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 2020 NE 135 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc. 806
City & State	City & State NORTH MIAMI, FL
Zip	Country USA
Country	Zip 33181-2170

6. Name and Address of Current Registered Agent SEGAL, HORACIO 8362 S.W. 110TH ST. MIAMI, FL 33156	
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40023700



02012007 Chg-P CR2E034 (12/06)

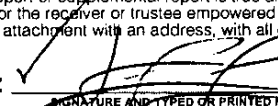
4. FEI Number 65-1052350	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEGAL, HORACIO A PRESIDE 8362 S.W. 110TH ST. MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	Date: 2/27/07
Daytime Phone #: 305-940-0930	