FILED
Apr 12, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000001275

1. Entity Name
LATINO COMERCIAL, INC.

Principal Place of Business	Mailing Address
900 W FLAGLER MIAMI, FL 33130	900 W FLAGLER MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

04072004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1065472
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ LEIVA, MARIA ISABEL
7250 W 18TH. AVE
HIALEAH, FL 33014

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Required when changing)

FILE NOW!!! FEE is $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RODRIGUEZ LEIVA, MARIA ISABEL
STREET ADDRESS	2143 NW 18 ST
CITY-ST-ZIP	MIAMI, FL 33127
TITLE	D
NAME	HANDAL, ESTEBAN
STREET ADDRESS	900 W. FLAGLER STREET
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/12/04-80017-004 150.00

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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 asterisk, with all other like empowered.

SIGNATURE: _____ abril 9/04
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #