## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000002638

Entity Name: LATIN AMERICAN NAUTILUS SERVICE INC.

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
FIRST UNION FINANCIAL CENTER 200 S. BISCAYNE BLVD., STE. 4600 MIAMI, FL 331312382			200 S	WACHOVIA FINANCIAL CENTER 200 S. BISCAYNE BLVD., STE. 4600 MIAMI, FL 331312382		
Current Mailing Address:				New Mailing Address:		
FIRST UNION FINANCIAL CENTER 200 S. BISCAYNE BLVD., STE. 4600 MIAMI, FL 331312382			200 S	WACHOVIA FINANCIAL CENTER 200 S. BISCAYNE BLVD., STE. 4600 MIAMI, FL 331312382		
FEI Number:	65-1074373	FEI Number Applied For ( )	FEI Number No	t Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name				e and Address of	New Registered Agent:	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US						
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	
Election Cam	paign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	LAMBARRI, CAR	BLVD STE 4600	Title: Name: Addres City-St	LAMBARRI, C s: 200 S BISCA	NE BLVD STE 4600	
Title: Name: Address: City-St-Zip:	FALZONI, EDUAR	BLVD STE 4600	Title: Name: Addres City-St	FALZONI, EDI ss: 200 S BISCA	NE BLVD STE 4600	
Title: Name: Address: City-St-Zip:	ARMATO, FRANC	Delete DESCO FALIA VIA DE SPA CCO 223, 00125	Title: Name: Addres City-St	ARMATO, FRA	NE BLVD SUITE 4600	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Addres City-St	DE ROSA, SA ss: 200 S BISCA	NE BLVD SUITE 4600	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Addres City-St	BENITO, JOS ss: 200 S BISCA	NE BLVD SUITE 4600	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS LAMBARRI CEO 04/28/2006