
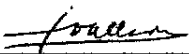


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000052484</b> 1. Entity Name LATIN EXCHANGE TECHNOLOGIES INC.			
Principal Place of Business 11343 NW 72ND TERR MIAMI, FL 33178		Mailing Address 11343 NW 72ND TERR MIAMI, FL 33178	
<b>DO NOT WRITE IN THIS SPACE</b>			
6. Name and Address of Current Registered Agent  VALLADARES, CARLOS 11343 NW 72ND TERR MIAMI, FL 33178		<b>DO NOT WRITE IN THIS SPACE</b>	
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>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<b>DO NOT WRITE IN THIS SPACE</b>	
D LAMAS, HERNANDO 10650 NW 29TH TERR MIAMI, FL 33172			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
D VALLADARES, CARLOS 17971 BISCAYNE BLVD AVENTURA, FL 33160			
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			
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.			
<b>SIGNATURE:</b> 		Date <u>May 1 / 05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	