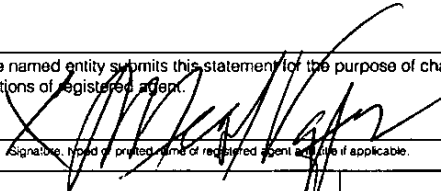
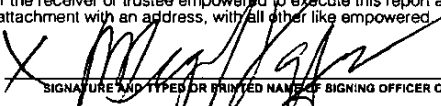


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90188 019 ***150.00

DOCUMENT # P01000057763 1. Entity Name LATINCOM ENTERPRISE, INC.			
Principal Place of Business 1080 N.W. 163 STREET MIAMI, FL 33169 US		Mailing Address 1080 N.W. 163 STREET MIAMI, FL 33169 US	
2. Principal Place of Business - No P.O. Box # 1001 NW 163rd DRIVE		3. Mailing Address 1001 NW 163rd DRIVE	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Miami, FL		City & State Miami, FL	
Zip 33169		Zip 33169	
Country 		Country 	
4. FEI Number 01-0659709		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VASQUEZ, MIGUEL 1080 N.W. 163 DR. MIAMI, FL 33169		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1001 NW 163rd DRIVE City Miami, FL Zip Code 33169	
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:  (NOTE: Registered Agent signature required when reinstating) DATE:			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME BERNARDONI, MARIO	☐ Delete	TITLE Change	☐ Addition
STREET ADDRESS 1080 NW 163 DRIVE MIAMI, FL 33169		STREET ADDRESS 1001 NW 163rd DRIVE Miami, FL 33169	
CITY-ST-ZIP MIAMI, FL 33169		CITY-ST-ZIP Miami, FL 33169	
TITLE VP NAME VAZQUEZ, MIKE	☐ Delete	TITLE Change	☐ Addition
STREET ADDRESS 1080 NW 163 DRIVE MIAMI, FL 33169		STREET ADDRESS 1001 NW 163rd DRIVE Miami, FL 33169	
CITY-ST-ZIP MIAMI, FL 33169		CITY-ST-ZIP Miami, FL 33169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date		Daytime Phone #	