

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000062576

Entity Name: LAT CONNECT, INC.

FILED
Mar 12, 2004
Secretary of State

Current Principal Place of Business:

525 SUNSET LANE
MERRITT ISLAND, FL 32592

New Principal Place of Business:

Current Mailing Address:

525 SUNSET LANE
MERRITT ISLAND, FL 32592

New Mailing Address:

FEI Number: 59-3730553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, TIMOTHY A
525 SUNSET LANE
MERRITT ISLAND, FL 32592

Name and Address of New Registered Agent:

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 Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, TIMOTHY A
Address: 525 SUNSET LANE
City-St-Zip: MERRITT ISLAND, FL 32592

Title: STD () Delete
Name: BROWN, TERRIE L
Address: 525 SUNSET LANE
City-St-Zip: MERRITT ISLAND, FL 32592

Title: D (X) Delete
Name: SILVA, EDUARDO
Address: 139 FRANKLIN D. ROOSEVELT AVE
City-St-Zip: HATO REY, PR 00918

Title: D (X) Delete
Name: SHEARON, DAVID
Address: 102 HUMBERCREST BLVD
City-St-Zip: TORANTO ONTARIO, CA M654SL3

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TIMOTHY A. BROWN

D

03/12/2004

Electronic Signature of Signing Officer or Director

Date