


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000064872**

1. Entity Name  
 UNITEK LATIN AMERICA INC.



Principal Place of Business  
 6788 NW 17TH AVENUE  
 FORT LAUDERDALE, FL 33309

Mailing Address  
 6788 NW 17TH AVENUE  
 FORT LAUDERDALE, FL 33309



02072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1122620	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ATRIUM REGISTERED AGENTS, INC.  
 1500 SAN REMO AVENUE  
 125  
 CORAL GABLES, FL 33146

**DO NOT WRITE IN THIS SPACE**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOSA, ARNALDO 6788 NW 17TH AVENUE FORT ALUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LECA, MANUEL 6788 NW 17TH AVENUE FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BUSTOS, ENNIO 6788 NW 17 AVE FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LORIE, LUIS 6788 NW 17 AVE FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000830925  
 02/26/08-80103-004 150.00

**DO NOT WRITE IN THIS SPACE**

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: *Luis Lorie* Date: 2/15/08 Daytime Phone #: 954-979-8570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR