
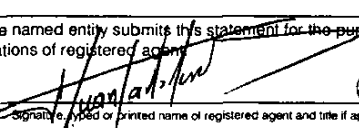
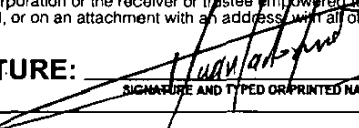


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90149 026 ***150.00

DOCUMENT # P01000077018 1. Entity Name LATINUS GROUP, REAL ESTATE INVESTMENTS, INC.					
Principal Place of Business 3052 UNIVERSITY PARKWAY SARASOTA, FL 34243 US			Mailing Address 3052 UNIVERSITY PARKWAY SARASOTA, FL 34243 US		
2. Principal Place of Business - No P.O. Box # 3054 UNIVERSITY PARKWAY		3. Mailing Address 3054 UNIVERSITY PARKWAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SARASOTA, FL		City & State SARASOTA, FL		4. FEI Number 65-1137099	
Zip 34243		Country U.S.		Applied For <input type="checkbox"/> Not Applicable	
Zip 34243		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CURCI, JUAN C PRES 4215 HAWK ISLAND DR BRADENTON, FL 34208			7. Name and Address of New Registered Agent Name CURCI, JUAN C Street Address (P.O. Box Number is Not Acceptable) 3054 UNIVERSITY PARKWAY City SARASOTA FL Zip Code 34243		
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: 			DATE: 04-22-08		
(NOTE: Registered Agent signature required when reinstating)			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CURCI, JUAN C PRES 3052 UNIVERSITY PARKWAY SARASOTA, FL 34243	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CURCI, ROBERTO J VICE 13974 WILDCAT DR. CARMEL, IN 46033	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			DATE: 042208 9413515310		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		