2004 FOR PROFIT GORPORATION ANNUAL REPORT

DOCUMENT # P01000077020

1. Entity Name

LA LATINA PRODUCTS CORP.



Principal Place of Business

6039 ST AUGUSTINE ROAD JACKSONVILLE, FL 32217

Mailing Address

6039 ST AUGUSTINE ROAD JACKSONVILLE, FL 32217 FILED
Jul 13, 2004 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

07092004	No Chg-P	CR2E034 (10/03)		

4. FEI Number Applied For Not Applicable
5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMEL, FARID O 4222 ARGENTINE DRIVE N JACKSONVILLE, FL 32217

DO NOT WRITE IN THIS SPACE

		залишиного устанований при	IN THIS SPACE			
	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	d office or registered agent, or b	oth, in the State of Florida. I am fami	fiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and to	ile if applicable (NOTE, Registeros	Agent algrature required when relinitiating)	DATE		
	LE NOWIII FEE IS \$150,00 ue by September 8, 2004	Election Campaign Finant Trust Fund Contribution.	Sing \$5.00 May Be	In accordance with s. 607.19 corporation did not receive the	3(2)(b), F.S., the e prior notice.	
16.	ÖFFICERS AND DIR	ECTORS		The state of the s	**************************************	
TITLE MAME STREET ADDRESS CITY ST-ZIP	PD CAMEL, MARIA E 4222 ARGENTINE DR N JACKSONVILLE, FL 32217		· · · · · · · · · · · · · · · · · · ·	U00000165944 U7/13/04-80002-0	18 150,00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMEL, FARID O 4222 ARGENTINE DR N JACKSONVILLE, FL 32217		ini di Marinto Nebe	では他では、これ、大き、本では、 ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	.m c	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	· · · · · · · · <u>-</u> · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN.	THIS SPACE		
TITLE HAME STREET ADDRESS CITY+ST-ZIP			,	en e		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			;	- 		
12. I hereby indicated	pertify that the information supplied with this on this report or supplemental report is true	s filing does not qualify for the exer a and accurate and that my signals	nption stated in Section 119.07(: ure shall have the same legal eff	3)(i), Florida Statutes. Thurther certify ect as it made under oath; that I am a	hat the information an officer or director	

12. I hereby certify that the Information supplied with this filling 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 is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustae 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, will year other like empowered.

SIGNATURE

STURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

07/08/2004 (904) 730-3077