

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000077020

FILED
Apr 30, 2003
Secretary of State

Entity Name: LA LATINA PRODUCTS CORP.

Current Principal Place of Business:

6039 ST AUGUSTINE ROAD
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

6039 ST AUGUSTINE ROAD
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 59-3736701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: FARID O. CAMEL

04/30/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAMEL, MARIA E
Address: 4222 ARGENTINE DR N
City-St-Zip: JACKSONVILLE, FL 32217

Title: VD () Delete
Name: CAMEL, FARID O
Address: 4222 ARGENTINE DR N
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARIA E. CAMEL

PD

04/30/2003

Electronic Signature of Signing Officer or Director

Date