

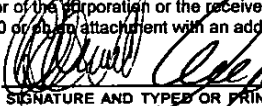
2005

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90055 025 ***150.00

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DOCUMENT # P01000115800					
1. Entity Name Latin American Import & Export Corp.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 8384 N.W. 68th St. Suite, Apt. #, etc.		3. Mailing Address 870 N.W. 87th Ave. Suite, Apt. #, etc. Suite 202			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 65-1157555	
Zip 33166	Country USA	Zip 33172-3423	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent	
				Name Hernandez, Ana M.	
				Street Address (P.O. Box Number is Not Acceptable) 870 N.W. 87th Ave.	
				Apt. 202	
				City Miami	FL Zip Code 33172
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Rodriguez, Tancredo 870 N.W. 87th Ave., Apt. 202 Miami, FL 33172		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S/T Hernandez, Ana M. 870 N.W. 87th Ave., Apt. 202 Miami, FL 33172		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 in an attachment with an address with all other like empowered.					
SIGNATURE: 			Tancredo Rodriguez		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone # 305-392-9292		

CR2E034B (12/02)