

2005

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) AMENDED

APPROVED  
AND  
FILED

05 AUG 30 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA100059393751  
09/07/05--01029--002 \*\*61.25

DO NOT WRITE IN THIS SPACE

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 8384 N.W. 68th St. Suite, Apt. #, etc.
City & State Miami, FL Zip 33166-2655	City & State Miami, FL Zip 33166-2655
Country USA	Country USA

4. FEI Number 65-1157555	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

## 7. Name and Address of Current Registered Agent

Name  
Rodriguez, Tancredo  
Street Address (P.O. Box Number is Not Acceptable)  
6629 N.W. 177th Terr.

City  
Miami

FL Zip Code  
33015

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

Tancredo Rodriguez

08-23-05

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. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Rodriguez, Tancredo 6629 N.W. 177th Terr. Miami, FL 33015	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S/T Ramirez, Carmaña 6629 N.W. 177th Terr. Miami, FL 33015	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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #