

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000030271

FILED
Feb 21, 2006
Secretary of State

Entity Name: LATINED EDUCATIONAL SERVICES, INC.

Current Principal Place of Business:

CALLE 98 NO. 22-64
OFC. 211
BOGOTA, NA 57

New Principal Place of Business:

CALLE 98 NO. 22-64
OFC. 702
BOGOTA, NA 57

Current Mailing Address:

TRANEXCO 106014
7801 NW 37TH ST.
MIAMI, FL 33166

New Mailing Address:

FEI Number: 98-0372710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, CALIXIO
10300 SW 72ND ST. 4702
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: APONTE, RAMIRO
Address: CALLE 98 NO. 22-64 OF. 211
City-St-Zip: BOGOTA CUNDINAMARCA, NA 57 CO

Title: D () Delete
Name: MATEUS, MARTHA L
Address: CALLE 98 NO. 22-64 OF. 211
City-St-Zip: BOGOTA CUNDINAMARCA, NA 57 CO

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 Chapter 119, 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: RAMIRO APONTE

MR.

02/21/2006

Electronic Signature of Signing Officer or Director

_____ Date