2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000030271

Entity Name: LATINED EDUCATIONAL SERVICES, INC.

BOGOTA CUNDINAMARCA, NA 57 CO

City-St-Zip:

FILED Mar 30, 2009 Secretary of State

Current B	rincipal Place	of Rusiness	New Principal Place of Business:		
	•	or Dusiness.	New I Inicipal I lace	or Dusiness.	
CRA 53C NO.130-49 203 INT 7					
BOGOTA,	NA 57				
Current Mailing Address:			New Mailing Address:		
TRANEXO 7801 NW : MIAMI, FL					
FEI Number	: 98-0372710	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
10300 SW MIAMI, FL	EZ, CALIXTO 772ND ST. 470 33173 US				
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ag	gent	Date	
Election Ca	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	APONTE, RAMI CRA 53C NO.1	Delete RO 30-49 APTO 203 INT 7 DINAMARCA, NA 57 CO	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	MATEUS, MAR	Delete ITHA L 30-49 APTO 203 INT 7	Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 CEO 03/30/2009