

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000030271

**FILED**  
**Mar 31, 2012**  
**Secretary of State**

**Entity Name:** LATINED EDUCATIONAL SERVICES, INC.

**Current Principal Place of Business:**

CRA 61 NO. 85-52  
CASA 28  
BOGOTA, NA 57

**New Principal Place of Business:**

CRA 68 A 22 A 75  
CASA 50  
BOGOTA, NA 57 1

**Current Mailing Address:**

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

**New Mailing Address:**

TRANEXCO 106014  
1770 NW 96TH AV.  
DORAL, FL 33172

**FEI Number:** 98-0372710

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GONZALEZ, CALIXTO  
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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: APONTE, RAMIRO  
Address: CRA 68 A 22 A 75 CASA 50  
City-St-Zip: BOGOTA CUNDINAMARCA, NA 57 CO

I hereby 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 all other like empowered.

SIGNATURE: RAMIRO APONTE

MR

03/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date