

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000041583

FILED
Apr 30, 2009
Secretary of State

Entity Name: LATIN AMERICA HAIR TEAM, INC

Current Principal Place of Business:

6881 SW 3RD S STREET
PEMBROKE PINES, FL 33023

New Principal Place of Business:

264 SW PORT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34984

Current Mailing Address:

15661 NW 52 AVENUE #104
HIALEAH, FL 33014

New Mailing Address:

264 SW PORT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34984

FEI Number: 01-0723142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARVAJAL, MARITZA A
6881 SW 3 ST
PEMBROKE PINES, FL 33023 US

Name and Address of New Registered Agent:

CARVAJAL, MARITZA A
264 SW PORT SAINT LUCIE BLVD
PORT SAINT LUCIE, FL 34984 US

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: MARITZA CARVAJAL

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARVAJAL, MARITZA A
Address: 6881 SW 3 ST
City-St-Zip: PEMBROKE PINES, FL 33023

Title: VT () Delete
Name: SANTANA, NORALIS D
Address: 6881 SW 3ST
City-St-Zip: PEMBROKE PINE, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CARVAJAL, MARITZA A
Address: 264 SW PORT ST. LUCIE BLVD
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: VT (X) Change () Addition
Name: SANTANA, NORALIS D
Address: 264 SW PORT ST. LUCIE BLVD
City-St-Zip: PORT ST. LUCIE, FL 34984

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: NORALIS SANTANA

VT

04/30/2009

Electronic Signature of Signing Officer or Director

Date