

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000059009

FILED
Feb 14, 2005
Secretary of State

Entity Name: LATIN AMERICAN ACCOUNTING SERVICES, INC.

Current Principal Place of Business:

1800 WEST 49TH STREET
SUITE 134
HIALEAH, FL 33012

New Principal Place of Business:

New Mailing Address:

1800 WEST 49TH STREET
134
HIALEAH, FL 33012

Current Mailing Address:

P.O. BOX 351086
MIAMI, FL 33135

FEI Number: 37-1446340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENA, JUAN
2455 WEST 67TH PLACE
BUILDING 10 UNIT 14
HIALEAH, FL 33016 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: P () Delete
Name: PENA, JUAN
Address: 2455 WEST 67TH PLACE BLDNG 10 UNIT 14
City-St-Zip: HIALEAH, F 33016

Title: VP () Delete
Name: MORALES, ISABEL
Address: 2455 WEST 67TH PLACE BLDNG 10 UNIT 14
City-St-Zip: HIALEAH, FL 33016

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 Section 119.07(3)(i), 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: ISABEL MORALES

VP

02/14/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date