

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000059009

**FILED**  
**Mar 31, 2010**  
**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:**

1490 WEST 49TH PLACE  
SUITE 350  
HIALEAH, FL 33012

**Current Mailing Address:**

1800 WEST 49TH STREET  
SUITE 134  
HIALEAH, FL 33012

**New Mailing Address:**

1490 WEST 49TH PLACE  
SUITE 350  
HIALEAH, FL 33012

**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  
1800 WEST 49TH STREE  
121  
HIALEAH, FL 33012 US

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

PENA, JUAN  
1490 WEST 49TH PLACE  
350  
HIALEAH, FL 33012 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: ISABEL PENA

03/31/2010

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PENA, JUAN  
Address: 1490 WEST 40TH PLACE STE 350  
City-St-Zip: HIALEAH, F 33012

Title: VP  
Name: PENA, ISABEL  
Address: 1490 WEST 49TH PLACE STE 350  
City-St-Zip: HIALEAH, FL 33012

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: ISABEL PENA

VP

03/31/2010

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

\_\_\_\_\_  
Date