

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90734 037 \*\*\*150.00

FORM 1000

**DOCUMENT #** P02000059009

1. Entity Name  
**LATIN AMERICAN ACCOUNTING SERVICES, INC.**



Principal Place of Business  
**2955 SHIPPING AVENUE  
COCONUT GROVE FL 33133**

Mailing Address  
**POBOX 453723  
MIAMI FL 33245**

2. Principal Place of Business  
**1722 West 68 Street**

3. Mailing Address  
**PO Box 351086**

Suite, Apt. #, etc.

City & State  
**Hialeah, FL**

City & State  
**Miami, FL**

Zip  
**33014**

Country  
**Dade**

Zip  
**33135**

Country  
**Dade**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**PENA, JUAN**  
**2955 SHIPPING AVENUE**  
**COCONUT GROVE, FL 33133**

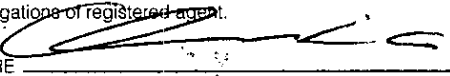
**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Isabel Morales** **4/02/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>PENA, JUAN</b>	
STREET ADDRESS <b>2955 SHIPPING AVENUE</b>	
CITY-ST-ZIP <b>COCONUT GROVE FL 33133</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>MORALES, ISABEL</b>	
STREET ADDRESS <b>2955 SHIPPING AVENUE</b>	
CITY-ST-ZIP <b>COCONUT GROVE FL 33133</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE  **Isabel Morales** **04/02/03**  
305  
231-5960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)