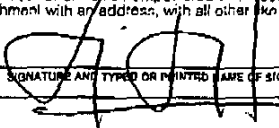


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**

2008 JUN 27 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000086009			
1. Entity Name LAT CAPITAL SOLUTIONS, INC.			
Principal Place of Business 3650 NW 82ND AVE PH-502 MIAMI, FL 33166		Mailing Address 3650 NW 82ND AVE PH-502 MIAMI, FL 33166	
2. Principal Place of Business - No P.O. Box # 3650 N.W. 82nd Ave Suite, Apt. #, etc. PH 501		3. Mailing Address 3650 N.W. 82nd Ave Suite, Apt. #, etc. PH 501	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33166	Country USA	Zip 33166	Country USA
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		4. FEI Number 42-1546911	
Applied For Not Applicable		06272008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent DIAZ, LUIS E 3650 NW 82ND AVE PH-502 MIAMI, FL 33166		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 _____ Signature, typed or printed name of individual agent and then if nonresident (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ, LUIS 3650 NW 82ND AVE PH-502 MIAMI, FL 33166 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ, LUIS 3650 NW 82nd AVE PH 501 MIAMI, FL 33166 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VASQUEZ, MARIA A 3650 NW 82ND AVE PH-502 MIAMI, FL 33166 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VASQUEZ, MARIA 3650 NW 82nd AVE PH 501 MIAMI, FL 33166 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 persons empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____			