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	Mailing Address
3650 NW 82ND AVE PH-502 MIAMI, FL 33166	3650 NW 82ND AVE PH-502 MIAMI, FL 33166

06272008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3650 N.W. 82nd Ave	3650 N.W 82nd Ave.
Suite, Apt. #, etc. PH 501	Suite, Apt. #, etc. PH 501
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33166 Country USA	Zip 33166 Country USA

4. FEI Number
42-1546911
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIAZ, LUIS E 3650 NW 82ND AVE PH-502 MIAMI, FL 33166	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 registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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	03/03/08 90187 039 150.00	☐ 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 like empowered.

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