

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90017 036 ***150.00

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1. Entity Name

LATIN ARTISTS ENTERTAINMENT, INC.



Principal Place of Business

250 174 ST #305
SUNNY ISLES FL 33160

Mailing Address

P.O. BOX 802731
AVENTURA FL 33180

04200000



MOORE CR2E034 (11/03)

2. Principal Place of Business

17700 N. Bay Road

3. Mailing Address

Suite, Apt. #, etc.
908

City & State

Sunny Isles, FL

City & State

Sunny Isles, FL

Zip
33166

Country
USA

Zip

33160

Country

USA

4. FEI Number
55-0746235

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

VARELA, YANILA
250 174 ST #305
SUNNY ISLES FL 33160

7. Name and Address of New Registered Agent

Name YANILA VARELA

Street Address (P.O. Box Number is Not Acceptable)
17700 N. Bay Road #908

City Sunny Isles

FL

Zip Code 33160

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

04-20-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 PSD ☐ Delete
NAME VARELA, YANILA
STREET ADDRESS P.O. BOX 802731
CITY-ST-ZIP AVENTURA FL 33280

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yanila Varela

04-20-04

Date

305-785-8861

Daytime Phone #