

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109104

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: LATIN NETWORK CONSULTANTS, INC

## Current Principal Place of Business:

1820 N. CORPORATE LAKES BLVD  
UNIT 104  
WESTON, FL 33326

## New Principal Place of Business:

2853 EXECUTIVE PARK DR  
SUITE 201  
WESTON, FL 33331

## Current Mailing Address:

1820 N. CORPORATE LAKES BLVD  
UNIT 104  
WESTON, FL 33326

## New Mailing Address:

2853 EXECUTIVE PARK DR  
SUITE 201  
WESTON, FL 33331

FEI Number: 43-1977916

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RIVERO, ISABEL C  
1820 N. CORPORATE LAKES BLVD  
UNIT 104  
WESTON, FL 33326 US

## Name and Address of New Registered Agent:

RIVERO, ISABEL C  
2853 EXECUTIVE PARK DR  
SUITE 201  
WESTON, FL 33331 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 C. RIVERO

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: RIVERO, ISABEL C  
Address: 1820 N. CORPORATE LAKES BLVD. UNIT 104  
City-St-Zip: WESTON, FL 33326

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: RIVERO, ISABEL C  
Address: 2853 EXECUTIVE PARK DR, SUITE 201  
City-St-Zip: WESTON, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ISABEL C. RIVERO

PD

04/29/2004

Electronic Signature of Signing Officer or Director

Date