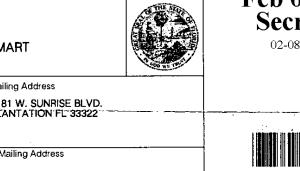
2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000131060



FILED Feb 08, 2005 8:00 am Secretary of State

| 1. Entity Name | | | | | | | Secretary of State | | | | |
|--|--|--|---|---------------------------------------|--|--|---|---------------|---------------|----------------|--|
| LATINOAMERICANA EXCLUSIVE AND SMART INVESTMENTS, CORP. | | | | | | | 02-08-2005 90 | 0015 035 1 | `**158.75 | j | |
| Principal Plac | e of Business | | Mailing Address | Mailing Address | | | | | | | |
| | NRISE BLVD | | | 8181 W. SUNRISE BLVD. | | | | | ስተተጋወ | n | |
| PLANTATIO | N FL 33322 | | PLANTATION | | | | | 0/4/4/0/0 | U | | |
| | | | | | | | | | | | |
| 2. Principal P | lace of Busine | ss | 3. Mailing Addre | 3. Mailing Address | | | : # BUILD BUILD | | | | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, 6 | Suite, Apt. #, etc. | | | 1st MOORE CR2E034 (10/04) | | | | |
| City & State | | | City & State | City & State | | | umber 42-1569390 | | J I | oplied For | |
| Zip | o Country | | Zip | Zip Cou | | 5. Certif | 5. Certificate of Status Desired \$8.75 Addition Fee Required | | ditional | | |
| | 6. Name a | and Address of Cui | rrent Registered Agent | | <u> </u> | 7. Name | and Address of New F | <u> </u> | | | |
| | | | | - | | | | | | | |
| MAZ | ZZA-MAR | TINEZ, TANIA | Α | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | NW 42 A' MI FL 331 | VE STE 420 | | | Street Address (F.O. Dox Number is Not Acceptable) | | | | | | |
| IVIIA | IVII FL 331 | 20 | | | | | | | | | |
| | | | | - | City | | | FL | Zip Code | e | |
| | named entity | | ent for the purpose of cha | anging its register | red office or reg | istered agent, | or both, in the State of FI | orida. I am i | amiliar with, | and accept | |
| the obligat | ions or region | roa agom. | | | | | | | | | |
| SIGNATURE . | Signature typed o | r printed name of recistered | d agent and title if applicable. | (NOTE: Register | ed Agent signature rec | uired when reinstati | na) | DATE | | | |
| waa ah sad Suarasas s | an purpose de distribu | Signistration and the control of the | Statution State (Sec. | | | | <u> </u> | · · | | | |
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| | | Florida Departme | | | | | Trust Fund Cor | ntribution. | ☐ :*Adde | ed to Fees | |
| 10. | | OFFICERS | AND DIRECTORS | 11. | | ADDITI | ONS/CHANGES TO OFF | ICERS AND | DIRECTOR: | S IN 11 | |
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| | | INRISE BLVD. | | | REET ADDRESS | | | | | | |
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| NAME Street Address | NUNEZ, MA | INRISE BLVD. | | | REET ADDRESS | | | | | | |
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| TITLE | | · | | Delete TITI | ıı P | RESIDENT | SECLETARY | , | ☐ Change | Addition | |
| NAME | | | | NAI | ME D | ARBISI, | BENNY C GREEK DR. GA 3060 | | | , | |
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| indicated | tan this renar | t or sunnlamental re | ed with this filing does not port is true and accurate empowered to execute | and that my sion | ature shall have | the same lega | il effect as if made under | oath: that I | am an officei | er or director | |

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