

ANNUAL REPORT

FILE

Apr 03, 2006
Secretary

DOCUMENT # P03000002127

1. Entity Name
SPACE CONSULT LATIN AMERICA, INC.

Principal Place of Business

14451 SW 146 PLACE
MIAMI, FL 33186

Mailing Address

14451 SW 146 PLACE
MIAMI, FL 33186

03292006 No Chg-P CR2E034 (11/05)

4. FEI Number

56-2310232

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SETARO, ENRIQUE PD
14451 SW 146 PLACE
MIAMI, FL 33186DO NOT WRITE
IN THIS SPACE

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

3-29-06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SETARO, ENRIQUE
STREET ADDRESS	14451 SW 146 PLACE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	VD
NAME	SETARO, LUISA
STREET ADDRESS	14451 SW 146 PLACE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000489469
04/18/06-80018-008 150.00DO NOT WRITE
IN THIS SPACE

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 #

3-29-06

305-428-0516

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/27/06

(731) 644-9551