2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 12, 2004 8:00 am
Secretary of State
01-29-2004 90105 041 ***150.00

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01162004 Chg-P CR2E034 (10/03)

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1. Entity Name
LATIN GROUP, INC.

Principal Place of Business	Mailing Address
6950 GRANADA BLVD. CORAL GABLES, FL 33146	6950 GRANADA BLVD. CORAL GABLES, FL 33146
2. Principal Place of Business: 2501 Biscayne Blvd Suite, Apt. #, etc.	3. Mailing Address: 875 NW. 42 Ave. Suite, Apt. #, etc.
City & State: Miami Fla	City & State: Miami Fla.
Zip: 33132 Country:	Zip: 33126 Country:

4. FEI Number: 81-0593870 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ORTA, JORGE R ESQ.
LAW OFFICES JORGE R. ORTA, P.A.
2600 S.W. 3RD AVE., #800B, VIZACAYA VIEW PL
MIAMI, FL 33129

7. Name and Address of New Registered Agent

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 $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/D	☐ Delete
NAME	MORE, JOSE R	
STREET ADDRESS	6950 GRANADA BLVD.	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	S/D	☐ Delete
NAME	RECIO, RICARDO B	
STREET ADDRESS	6950 GRANADA BLVD.	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	☒ Change ☐ Addition
NAME	Jose R. Mora.	
STREET ADDRESS	875 N.W. 42 Ave.	
CITY-ST-ZIP	Mia Fl 33126	
TITLE	S/D	☐ Change ☒ Addition
NAME	Ricardo Recio	
STREET ADDRESS	875 NW. 42 Ave	
CITY-ST-ZIP	Mia Fl. 33126	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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] 1/26/04 305-4476297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #