

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P03000034472 1. Entity Name LATIN FINANCIAL STRATEGIES, INC.						FILED 04 JUL 12 AM 9:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA 32304-0001 3399 NW 72 Ave Ste 205 A Miami, FL 33122	
Principal Place of Business 611 N. UNIVERSITY DRIVE PLANTATION, FL 33324 3399 NW 72 Ave Ste 205 A MIAMI, FL 33122				Mailing Address 611 N. UNIVERSITY DRIVE PLANTATION, FL 33324 3399 NW 72 Ave Ste 205 A MIAMI, FL 33122			
2. Principal Place of Business		3. Mailing Address		 05/10/04 90458 009 \$150.00 04252004 Chg-P CR2E034 (10/03)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 45-0511637				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MONDRAGON, CESAR F 611 N. UNIVERSITY DRIVE PLANTATION, FL 33324				Name CESAR F. MONDRAGON			
				Street Address (P.O. Box Number is Not Acceptable)			
				3399 NW 72 Avenue Suite 205A			
				City Miami FL Zip Code 33122			
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 <i>[Signature]</i> DATE <i>Apr 29 2004</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONDRAGON, CESAR F 611 N. UNIVERSITY DRIVE PLANTATION, FL 33324			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONDRAGON, CESAR F 3399 NW 72 AVENUE Suite 205A Miami FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>[Signature]</i> DATE <i>Apr 29 2004</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							