

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000040128

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: LATIN AMERICAN TRADE GROUP INC.

## Current Principal Place of Business:

C/O GEOVANNY ORTIZ, CPA  
8000 NW 31 STREET SUITE 8  
MIAMI, FL 33122 US

## New Principal Place of Business:

## New Mailing Address:

8000 NW 31 STREET  
SUITE 8  
MIAMI, FL 33122 US

## Current Mailing Address:

C/O GEOVANNY ORTIZ, CPA  
6262 BIRD ROAD SUITE 2H  
MIAMI, FL 33155 US

FEI Number: 36-4528882      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ORTIZ, GEOVANNY CPA  
6262 BIRD ROAD  
SUITE 2H  
MIAMI, FL 33155 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: LLORDEN, ANTONIO  
Address: 6262 BIRD ROAD STE 2H  
City-St-Zip: MIAMI, FL 33155

Title: D      ( ) Delete  
Name: MESSIANU, RICARDO  
Address: 6262 BIRD ROAD STE 2H  
City-St-Zip: MIAMI, FL 33155

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D      (X) Change ( ) Addition  
Name: LLORDEN, ANTONIO  
Address: 8000 NW 31 STREET SUITE 8  
City-St-Zip: MIAMI, FL 33122

Title: D      (X) Change ( ) Addition  
Name: MESSIANU, RICARDO  
Address: 8000 NW 31 STREET SUITE 8  
City-St-Zip: MIAMI, FL 33122

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: ANTONIO LLORDEN

D

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date