


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P03000043693 1. Entity Name LATIN AMERICAN ADOPTION SERVICES, INCORPORATED |  |
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|---|---|
| Principal Place of Business 4010 GALT OCEAN DRIVE #509 FORT LAUDERDALE DRIVE, FL 33308 US | Mailing Address 4010 GALT OCEAN DRIVE #509 FORT LAUDERDALE DRIVE, FL 33308 US |
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03242006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 84-1624625 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent COLE, VICTOR H 4010 GALT OCEAN DRIVE #509 FORT LAUDERDALE, FL 33308 |
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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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COLE, VICTOR H 4010 GALT OCEAN DRIVE FORT LAUDERDALE, FL 33308 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P COLE, VICTOR H 4010 GALT OCEAN DRIVE FORT LAUDERDALE, FL 33308 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC. COLE, VICTOR H 4010 GALT OCEAN DRIVE FORT LAUDERDALE, FL 33308 |
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04/14/06-80017-024 150.00

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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: Victor H. Cole
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/06
Date

Daytime Phone #