

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000043693

1. Entity Name  
LATIN AMERICAN ADOPTION SERVICES,  
INCORPORATED



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



03102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
84-1624625

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

COLE, VICTOR H  
4010 GALT OCEAN DRIVE  
#509  
FORT LAUDERDALE, FL 33308

**DO 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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

UD00000837181  
04/21/08-80010-005 150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME COLE, VICTOR H  
STREET ADDRESS 4010 GALT OCEAN DRIVE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE P  
NAME COLE, VICTOR H  
STREET ADDRESS 4010 GALT OCEAN DRIVE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE SEC.  
NAME COLE, VICTOR H  
STREET ADDRESS 4010 GALT OCEAN DRIVE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #