

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000043693



1. Entity Name
**LATIN AMERICAN ADOPTION SERVICES,
INCORPORATED**

Principal Place of Business	Mailing Address
4010 GALT OCEAN DRIVE #509 FORT LAUDERDALE DRIVE, FL 33308	4010 GALT OCEAN DRIVE #509 FORT LAUDERDALE DRIVE, FL 33308

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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**

9.1 Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

000000887181
04/21/08-80010-005 150.00

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 Victor T. Cole

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: **800-222-1222**