

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90325 045 \*\*\*150.00

**DOCUMENT # P03000062217**

1. Entity Name  
**LATIN ENVIOS, INC.**



Principal Place of Business  
**11741 S OBT STE G  
ORLANDO, FL 32837**

Mailing Address  
**11741 S OBT STE G  
ORLANDO, FL 32837**

**34046705**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272004

Chg-P

CR2E034 (10/03)

4. FEI Number

**05-0572159**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CONTAXGONZALEZ SERVICE CORP  
4142 W OAKRIDGE RD  
ORLANDO, FL 32809**

7. Name and Address of New Registered Agent

Name **RUBIELA CARDENAS**

Street Address (P.O. Box Number is Not Acceptable)

**129 MADINA CIRCLE**

City **DAVENPORT**

**FL**

Zip Code **33837**

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

*Rubiel Cardenas*

**PRESIDENT**

**4/26/04**

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, 2004 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 **DP**  
STREET ADDRESS **CARDENAS, GLORIA I**  
CITY-ST-ZIP **5174 MILLENIA BLVD #101  
ORLANDO, FL 32839** ☒ Delete

TITLE  
NAME **DV**  
STREET ADDRESS **CAYCEDO, GUSTAVO A**  
CITY-ST-ZIP **5174 MILLENIA BLVD #101  
ORLANDO, FL 32839** ☒ Delete

TITLE  
NAME **DT**  
STREET ADDRESS **SALAZAR, MANUEL**  
CITY-ST-ZIP **5174 MILLENIA BLVD #101  
ORLANDO, FL 32839** ☒ Delete

TITLE  
NAME **DS**  
STREET ADDRESS **CARDENAS, RUBIELA**  
CITY-ST-ZIP **5174 MILLENIA BLVD #101  
ORLANDO, FL 32839** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME **PRESIDENT**  
STREET ADDRESS **CARDENAS, RUBIELA**  
CITY-ST-ZIP **129 MADINA CIRCLE  
DAVENPORT, FL ; 33837** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

*Rubiel Cardenas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/26/04 (407) 852-5815**