

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000079173

**FILED**  
**Nov 20, 2006**  
**Secretary of State**

**Entity Name:** LATIN FLAVORS ENTERPRISE INC.

**Current Principal Place of Business:**

4801 N.W. 128TH STREET ROAD  
OPA LOCKA, FL 33054 US

**New Principal Place of Business:**

**Current Mailing Address:**

4801 N.W. 128TH STREET ROAD  
OPA LOCKA, FL 33054 US

**New Mailing Address:**

FEI Number: 20-0136591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARCIA, ALEJANDRO J  
4801 NW 128TH ROAD  
OPA LOCKA, FL 33054 US

**Name and Address of New Registered Agent:**

GARCIA, ALEJANDRO J PST  
4801 NW 128TH ROAD  
OPA LOCKA, FL 33054 US

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: ALEJANDRO GARCIA

11/20/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: GARCIA, ALEJANDRO J  
Address: 4801 NW 128 ROAD  
City-St-Zip: OPA LOCKA, FL 33054 US

Title: DT ( ) Delete  
Name: SEQUEIRA, ROBERTO  
Address: 4801 NW 128 ROAD  
City-St-Zip: OPA LOCKA, FL 33054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ALEJANDRO GARCIA

PST

11/20/2006

Electronic Signature of Signing Officer or Director

Date