

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079173

FILED  
Mar 08, 2009  
Secretary of State

Entity Name: LATIN FLAVORS ENTERPRISE INC.

## Current Principal Place of Business:

4801 N.W. 128TH STREET ROAD  
BAY 2  
OPA LOCKA, FL 33054 US

## New Principal Place of Business:

## Current Mailing Address:

4801 N.W. 128TH STREET ROAD  
BAY 2  
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:

LATIN FLAVORS  
4801 N.W. 128TH STREET ROAD  
BAY 2  
PEMBROKE PINES, FL 33054 US

## Name and Address of New Registered Agent:

LATIN FLAVORS  
4801 N.W. 128TH STREET ROAD  
BAY 2  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/08/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: GARCIA, ALEJANDRO J MR.  
Address: 4801 N.W. 128TH STREET ROAD  
City-St-Zip: OPA LOCKA, FL 33054 US

Title: DT ( ) Delete  
Name: SEQUEIRA, ROBERTO A MR.  
Address: 4801 N.W. 128TH STREET ROAD  
City-St-Zip: OPA LOCKA, FL 33054 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TRS ( ) Change (X) Addition  
Name: SEQUIERA, MARIA E MS.  
Address: 4801 N.W. 128TH STREET ROAD  
City-St-Zip: OPA LOCKA, FL 33054

Title: SEC ( ) Change (X) Addition  
Name: GARCIA, MARIA MS.  
Address: 4801 N.W. 128TH STREET ROAD  
City-St-Zip: OPA LOCKA, FL 33054

I hereby certify that the information supplied with this filing does not qualify 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

Electronic Signature of Signing Officer or Director

PST

03/08/2009

Date