

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 10, 2004 8:00 am**  
**Secretary of State**

08-10-2004 90003 043 \*\*\*150.00

<b>DOCUMENT # P03000094687</b>					
<b>1. Entity Name</b> <b>LATIN WORK COMPANY</b>					
<b>Principal Place of Business</b> <b>777 NE 62 STREET</b> <b>SUITE 111</b> <b>MIAMI, FL 33138</b>			<b>Mailing Address</b> <b>777 NE 62 STREET</b> <b>SUITE 111</b> <b>MIAMI, FL 33138</b>		
<b>2. Principal Place of Business</b> <b>2470 NW 49<sup>th</sup> TERRACE</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> <b>2470 NW 49<sup>th</sup> TERRACE</b> Suite, Apt. #, etc.		
<b>City &amp; State</b> <b>COCONUT CREEK FL</b>		<b>City &amp; State</b> <b>COCONUT CREEK FL</b>		<b>4. FEI Number</b> <b>20-0181359</b>	
<b>Zip</b> <b>33063</b>		<b>Country</b> <b>U.S.A.</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>PEDERSEN, CAROLY</b> <b>15751 SHERIDAN STREET</b> <b>SUITE 110</b> <b>FT LAUDERDALE, FL 33331</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>YEPES, ANA MARIA</b> <b>777 NE 62 STREET, SUITE 111</b> <b>MIAMI, FL 33138</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>YEPES, ANA MARIA</b> <b>18101 NW 68<sup>th</sup> AVE APT B205</b> <b>MIAMI, FL 33015-3936</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Ana Maria Yepes U. ANA MARIA YEPES V</u> <u>7/23/04(561) 827 1622</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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