

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2005 8:00 am
Secretary of State

06-29-2005 90001 014 ***150.00

DOCUMENT # P03000096306

1. Entity Name
LATIN WORLD DISTRIBUTOR, INC.



Principal Place of Business
9601 SW 142 AVE.
MIAMI, FL 33186

Mailing Address
9601 SW 142 AVE.
MIAMI, FL 33186

00000000



2. Principal Place of Business
8007 N.W 64 street
Suite, Apt. #, etc.

3. Mailing Address
8007 N.W 64 street
Suite, Apt. #, etc.

06062005 Chg-P CR2E034 (10/03)

City & State
Miami FL
Zip
33166
Country
Dade

City & State
Miami FL
Zip
33166
Country

4. FEI Number
61-1456240
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LOPEZ, JUANA M
9601 SW 142 AVE.
MIAMI, FL 33186

7. Name and Address of New Registered Agent
Name
Lopez, Juana M.
Street Address (P.O. Box Number is Not Acceptable)
9601 SW 142 Av #320
City
Miami FL
FL Zip Code
33186

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 \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, JUANA M 9601 SW 142 AVE. MIAMI, FL 33186 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/15/05 786 385 3146
Date Daytime Phone #

ATTACHMENT
50053987

MAY 20, 2005

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O BOX 6327
TALLAHASSEE, FL 32314

RE: UNIFORM BUSINESS REPORT
MART'S ACCOUNTING COMPANY
DOC. NO.: P03000096306

To whom it may concern,

The reason of this letter is to notify you that we did not receive the prior notice of the Uniform Business Report 2005 For Profit Corporation.

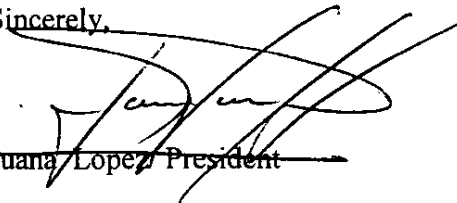
Enclosed you can find the corresponding payment of \$150.00 dollars.

CHANGE

Current Mailing Address: 9601 SW 142 Ave.
Miami, FL 33186.

New Mailing Address: 9601 SW 142 Ave. Ste. 320
Miami, FL 33186.

Sincerely,



Juana Lopez President