


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90127 049 \*\*\*150.00

<b>DOCUMENT # P04000018820</b> 1. Entity Name <b>LATELE COMPANY, INC.</b>					
Principal Place of Business <b>10125 NW 116 WAY MEDLEY, FL 33178</b>			Mailing Address <b>10125 NW 116 WAY MEDLEY, FL 33178</b>		
2. Principal Place of Business <b>4600 SW 152 AVENUE</b> Suite, Apt. #, etc.			3. Mailing Address <b>4600 SW 152 AVENUE</b> Suite, Apt. #, etc.		
City & State <b>MIRAMAR FL</b>			City & State <b>MIRAMAR FL</b>		
Zip <b>33027</b>		Country <b>USA</b>		4. FEJ Number <b>65-1245316</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CABANAS, JOSEPH F 10520 NW 26 ST C-201 MIAMI, FL 33172</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<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>PTS FRAIZ TRAPOTE, FERNANDO 10125 NW 116 WAY MEDLEY, FL 33178</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PTS FRAIZ TRAPOTE, FERNANDO 4600 SW 152 AVENUE MIRAMAR, FL 33027</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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 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>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>FERNANDO FRAIZ TRAPOTE</b>			Date <b>3/28/05</b> Daytime Phone # <b>(954) 436-0546</b>		