## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000062825

Entity Name: LATIN BRANDS, INC.

City-St-Zip:

CORAL GABLES, FL 33134

FILED Apr 26, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 11439 PARADISE COVE LN 20283 STATE RD 7, SUITE # 400 WELLINGTON, FL 33467 BOCA RATON, FL 33498 **Current Mailing Address: New Mailing Address:** 11439 PARADISE COVE LN WELLINGTON, FL 33467 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LLANEZA, RAMON F 11780 OSPREY POINTE CIR WELLINGTON, FL 33467 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 Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition LLANEZA, RAMON F CAPALDO, MARIO Name: Name: 11780 OSPREY POINTE CIR 871 SAN REMO DR Address: Address: City-St-Zip: WELLINGTON, FL 33467 City-St-Zip: WESTON, FL 33326 Title: Title: () Delete () Change () Addition Name: ARIAS ILEANA Name: WESTON TOWN CENTER 1725 MAIN ST, SUITE 205 Address: Address: WESTON, FL 33326 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition VINA, GEORGE Name: Name: 255 ALHAMBRA CIRCLE, SUITE 715 Address: Address:

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

City-St-Zip:

SIGNATURE: MARIO CAPALDO P 04/26/2005