2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 17, 2007 8:00 am Secretary of State

ANIONE ILLI OILI					Sceretary or State				
DOCUMENT # P0400068188 1. Entity Name LATINGO, INC.					w 11	07-17-2007 9010			
Principal Place of Business 4222 INVERARY BLVD SUITE 4705 FT. LAUDERDALE, FL 33319		Mailing Address 4222 INVERARY BLVD SUITE 4705 FT. LAUDERDALE, FL 333	319						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3 TO QUE							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05042007 Chg-P CR2E034 (12/06)				
City & State		City & State Frequence H		到	4. FEI Numb 36-455	-			plied For Applicable
Zip	Country		Country	ح.	5. Certificate	of Status Desired	□ \$	8.75 Add se Required	itional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Reg	istered Ag	ent	
RODRIGUEZ, JULIO A ESQ 6177 MIAMI LAKES DRIVE EAST MIAMI LAKES, FL 33014			City						
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 NOWILI FEE IS \$150.00 9. Election Campaign Financing \$5,00 May Be In accordance with s. 607 193(2)(h) F.S. the									
Due	NOWIII FEE IS \$150.00 by September 14, 2007	Trust Fund Contribu	Trust Fund Contribution. Ad		tn accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10.	OFFICERS AND		11,		ADDITIONS	CHANGES TO OFFIC	ERS AND	DIRECTORS	SIN 11
NAME NAME STREET ADDRESS 5	OP MARTIN, JUAN C 1222 POINSETTA AVE WINTER PARK, FL 32792	DX Delete	TITLE Name Street address City-St-Zip	HA 42 #4	etin _ 31 NE	JUAN C EBID ave de FI 333	•	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TIPLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE		Defete	TITLE					Change	Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the requirer 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.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

TITLE NAME

NATURE AND TYPED OF PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Delete

1/7/07

(414) 297 16/5

Change

☐ Change

☐ Addition

☐ Addition