2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 15, 2005
Secretary of State

DOCUMENT# P04000105678

Entity Name: LATAM FTZ, CORP.

Current Principal Place of Business:

10505 NW 29 TERRACE
MIA MI, FL 33172

New Principal Place of Business:

3790 S.E. ALEX MUXO BOULEVARD
HOMESTEAD, FL 33035

Current Mailing Address:

10505 NW 29 TERRACE
MIA MI, FL 33172

New Mailing Address:

3790 S.E. ALEX MUXO BOULEVARD
HOMESTEAD, FL 33035

FEI Number: 20-2468048 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MARTINEZ, ROMAN
10505 NW 29 TERRACE
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

MARTINEZ, ROMAN
3790 S.E. ALEX MUXO BOULEVARD
HOMESTEAD, FL 33035 US

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: ROMAN MARTINEZ 12/15/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MARTINEZ, ROMAN
Address: 10505 NW 29 TERRACE
City-St-Zip: MIAMI, FL 33172

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MARTINEZ, ROMAN
Address: 3790 S.E. ALEX MUXO BOULEVARD
City-St-Zip: HOMESTEAD, FL 33035

Title: D ( ) Change (X) Addition
Name: MARTINEZ, GHERLIN C DIRECTO
Address: 3790 S.E. ALEX MUXO BOULEVARD
City-St-Zip: HOMESTEAD, FL 33035

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.

SIGNATURE: DIRECTOR P 12/15/2005
Electronic Signature of Signing Officer or Director Date