



FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90312.029 ***150.00

DOCUMENT # P04000115606 1. Entity Name THE LATIN ART AND DESIGN, INC				Secretary of State 04-18-2005 90312 029 ***150.00	
Principal Place of Business 1570 WASHINGTON AVE MIAMI BEACH, FL 33139		Mailing Address, 1570 WASHINGTON AVE MIAMI BEACH, FL 33139			
2. Principal Place of Business 1570 Washington Ave		3. Mailing Address			
Suite, Apt. #, etc. Miami beach, FL		Suite, Apt. #, etc.		03072005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 20-1470629	
Zip 1 33139		Country U.S.A		Applied For Not Applicable	
6. Name and Address of Current Registered Agent GARCIA, BERTHA C 1943 SW 8 STREET MIAMI, FL 33135		7. Name and Address of New Registered Agent			
		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City FL 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 Bertha C Garcia DATE 03/07/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP P VALENZUELA, HILDEBRANDO P.O BOX 9864 FORT LAUDARDALE, FL 33310 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP MELENDEZ, LUIS A 1568 WASHINGTON AVE #15 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete			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"/> Delete			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"/> 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 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 or other like empowered. SIGNATURE: [Signature] DATE 3/07/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					