2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

т				– Secreta	ry of State	
DOCUMENT # P04000122410				05-02-2005 90397 009 ***150.00		
1. Entity Name				03-02-2003 9	039/ 009 *****130.00	
INVERSI	ONES LATINAS EN AMERI	ICA INC.		9		
Principal Plac	e of Business	Mailing Address				
885 SE 47TI		885 SE 47TH TERRACE		14013392		
B	TERIORGE	B		1,102		
CAPE CORAL, FL 33904 CAPE CORAL, FL 33904			1	i (\$16100) ili esik etki seki seki seki seki s	IRIA IIRIA IIRIK AIGAN KANI BAKAAN II IYAK	
2. Principal P	Place of Business	3. Mailing Address	- le			
883 5	.s. 475 TM.	885 5.8.47	12 rec.		INTERPORT IN THE PROPERTY OF T	
Suite, Apt.	#. etc. ## B	Suite, Apt. #, etc.		04202005 Chg-P	CR2E034 (10/03)	
City & Stat	e C1	City & State	*	4. FEI Number	Applied For	
	ra Come, PC	Copo Cont		20-1536.	560 Not Applicable	
Zip 3390	Country (CC	2 Se o 4	Country .	5. Certificate of Status Desired	\$8.75 Additional	
73 10	6. Name and Address of Current	3, 2		7. Name and Address of New Reg	Fee Required	
Name 1)	
JOEES IV, NOOIO				rrera Daniel	1	
1156 HANCOCK CREEK S BLVD # 308			Struet Address	Street Address (P.O. Box Number is Not Acceptable)		
NORTH FORT MYERS, FL 33903				SW SI then		
City CA a				1. 6 . 1	FL Zip Code < 39 n	
9 The above	named active supplies this statement to	or the purpose of changing its	romintored office or regil	tered agent, or both, in the State of Florid	· · - J-113	
the obligat	tions phregistered agent.	or the purpose of changing-its :	egistered unice or regis	tered agent, or both, in the State of Florit	da. Tam tamiliar with, and accept	
8.63.14.71.00						
SIGNATURE.	Signature, typed or printes name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requi	red when reinstating)	DATE	
,					N THAT I WANTED	
	E NOW!!! FEE IS \$150.00	9. Election Campaig Trust Fund Contri		5.00 May Be		
Arterm	ay 1, 2005 Fee will be \$550.	110311 0110 001111	iodion. 🗀 A	aded to rees		
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 11	
1ITLE NAME	P CUELLAR, ROCIO	⊠ Delete	TITLE		Change Addition	
STREET ADDRESS	1156 HANCOCK CREEK S BLV	D APT 308	NAME STREET ADDRESS			
CITY-ST-ZIP	NORTH FORT MYERS, FL 339		CITY-ST-ZIP			
TITLE	VP	☐ Delete	TITLE P	-	Change Addition	
NAME	HERRERA, DANIEL P		NAME H	errera, Daniel P.	بر ماند. و ماند.	
STREET ADDRESS	422 SW 19TH STREET		STREET ADDRESS -	ı		
CITY-ST-ZIP	CAPE CORAL, FL 33991		CITY-ST-ZIP .			
TITLE	S COLICE IOSE	🔀 Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	COUCE, JOSE DDRESS 1156 HANCOCK CREEK S BLVD APT # 308		name Street address			
CITY-SI-ZIP NORTH FORT MYERS, FL 33903		City-St-Zip				
TITLE		Delete	TITLE		☐ Change ☐ Addition	
NAME		THE DEBUG	NAME		□ criange □ Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filling 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 suppremental 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 impowered 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 abdiess with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: X

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Date

Daytime Phone #

Change

■ Addition