


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90397 009 ***150.00

DOCUMENT # P04000122410	
1. Entity Name INVERSIONES LATINAS EN AMERICA INC.	

Principal Place of Business 885 SE 47TH TERRACE B CAPE CORAL, FL 33904	Mailing Address 885 SE 47TH TERRACE B CAPE CORAL, FL 33904
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14013392



2. Principal Place of Business 885 S.E. 47th Ter. Suite, Apt. #, etc. # B	3. Mailing Address 885 S.E. 47th Ter. Suite, Apt. #, etc. # B
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04202005 Chg-P CR2E034 (10/03)

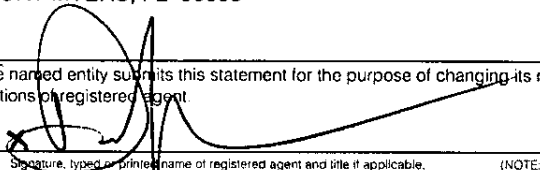
City & State Cape Coral, FL	City & State Cape Coral, FL
Zip 33904	Country USA
Zip 33904	Country USA

4. FEI Number 20-1536560	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CUELLAR, ROCIO 1156 HANCOCK CREEK S BLVD # 308 NORTH FORT MYERS, FL 33903

7. Name and Address of New Registered Agent	
Name Herrera Daniel P	
Street Address (P.O. Box Number is Not Acceptable) 1712 SW 51 Ter	
City Cape Coral	FL Zip Code 33914

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 	DATE

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
P CUELLAR, ROCIO 1156 HANCOCK CREEK S BLVD APT 308 NORTH FORT MYERS, FL 33903	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
VP HERRERA, DANIEL P 422 SW 19TH STREET CAPE CORAL, FL 33991	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
S COUCE, JOSE 1156 HANCOCK CREEK S BLVD APT # 308 NORTH FORT MYERS, FL 33903	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P Herrera, Daniel P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE: 	DATE	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		