

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000139698

Entity Name: AMERICAN LATIN SERVICES, INC.

FILED
Apr 26, 2005
Secretary of State

Current Principal Place of Business:

8877A FONTAINBLEAU BLVD.
#107
MIAMI, FL 33172

Current Mailing Address:

8877A FONTAINBLEAU BLVD.
#107
MIAMI, FL 33172

New Principal Place of Business:

6039 COLLINS AVENUE
SUITE 504
MIAMI BEACH, FL 33140

New Mailing Address:

6039 COLLINS AVENUE
SUITE 504
MIAMI BEACH, FL 33172

FEI Number: 73-1731225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA, NORA
8877A FONTAINBLEAU BLVD.
#107
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

SILVA, NORA
6039 COLLINS AVENUE
SUITE 504
MIAMI BEACH, FL 33140 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: NORA SILVA

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SILVA, NORA
Address: 8877A FONTAINBLEAU BLVD. #107
City-St-Zip: MIAMI, FL 33172

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: SILVA, NORA
Address: 6039 COLLINS AVENUE, SUITE 504
City-St-Zip: MIAMI BEACH, FL 33140

Title: VPS () Change (X) Addition
Name: GEORGE, MIGUEL
Address: 6039 COLLINS AVENUE, SUITE 504
City-St-Zip: MIAMI BEACH, FL 33140

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: NORA SILVA

PDT

04/26/2005

Electronic Signature of Signing Officer or Director

Date