

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000139698

Entity Name: AMERICAN LATIN SERVICES, INC.

FILED  
Feb 15, 2006  
Secretary of State

## Current Principal Place of Business:

6039 COLLINS AVENUE  
SUITE 504  
MIAMI BEACH, FL 33140

## Current Mailing Address:

6039 COLLINS AVENUE  
SUITE 504  
MIAMI BEACH, FL 33172

## New Principal Place of Business:

10773 NW 58TH STREET  
SUITE 133  
MIAMI, FL 33178

## New Mailing Address:

10773 NW 58TH STREET  
SUITE 133  
MIAMI, FL 33178

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  
6039 COLLINS AVENUE  
SUITE 504  
MIAMI BEACH, FL 33140 US

## Name and Address of New Registered Agent:

SILVA, NORA  
10773 NW 58TH STREET  
SUITE 133  
MIAMI, FL 33178 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:

02/15/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDTS (X) Change ( ) Addition  
Name: SILVA, NORA  
Address: 10773 NW 58TH STREET, #133  
City-St-Zip: MIAMI, FL 33178

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

P/D

02/15/2006

Electronic Signature of Signing Officer or Director

Date