2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000140600

Entity Name: LATIN CAPITAL CORPORATION

FILED Apr 18, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

603 KING ST

JACKSONVILLE, FL 32204 US

Current Mailing Address: New Mailing Address:

603 KING ST

JACKSONVILLE, FL 32204 US

FEI Number: 20-1731194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VIDELA, FABIAN VIDELA, FABIAN

1455 WİNSTON LN 603 KING ST

ORANGE PARK, FL 32003 US JACKSONVILLE, FL 32204 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: FABIAN VIDELA 04/18/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: VIDELA, FABIAN
Address: 1455 WINSTON LN
Address: 603 KING ST

City-St-Zip: ORANGE PARK, FL 32003 US City-St-Zip: JACKSONVILLE, FL 32204 US

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 GODOY, JULIO
 Name:
 GODOY, JULIO

 Address:
 2300 TWELVE OAKS DR APT C4
 Address:
 603 KING ST

City-St-Zip: ORANGE PARK, FL 32003 US City-St-Zip: JACKSONVILLE, FL 32204 US

Title: D () Delete Title: D (X) Change () Addition Name: DI CESARE, AGATA Name: DI CESARE, AGATA

Address: 2288 LINKS DR Address: 603 KING ST

City-St-Zip: ORANGE PARK, FL 32003 City-St-Zip: JACKSONVILLE, FL 32204

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: FABIAN VIDELA P 04/18/2007