

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153043

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** LATIN FINANCIAL SECURITIES, INC.

**Current Principal Place of Business:**

2020 PONCE DE LEON BOULEVARD  
1102  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

2020 PONCE DE LEON BOULEVARD  
1102  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:** 42-1650119

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MONDRAGON, CESAR F RA  
2020 PONCE DE LEON BOULEVARD  
1102  
CORAL GABLES, FL 33134 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: MONDRAGON, CESAR F RA  
Address: 2020 PONCE DE LEON BOULEVARD SUITE 1102  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: S  
Name: PALACIN, MAILEN P  
Address: 2020 PONCE DE LEON BOULEVARD SUITE 1102  
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby 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 all other like empowered.

SIGNATURE: CESAR F. MONDRAGON

PT

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date