2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000042025

Entity Name: LATIN QUARTER BUILDERS III, INC.

FILED Apr 24, 2008 Secretary of State

Comment Drive in al Diseas of Dustiness				New Principal Place of Rusiness			
Current Principal Place of Business:				New Principal Place of Business:			
6301 COLLI 2106	INS AVENUE						
	CH, FL 33141						
Current Mailing Address:			New Mailing Address:				
P.O. BOX 4 MIAMI BEA	15050 CH, FL 33141						
FEI Number:	06-1742912	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
MONTES, ANTONIO 1529 NW 1 STREET MIAMI, FL 33135 US				MONTES, ANTONIO 6301 COLLINS AVENUE # 2101 MIAMI BEACH, FL 33141 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: ANTONIO MONTES				04/24/2008			
	Electronic	Signature of Registered Agen	t			Date	
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P/D () E CARDENAS, NICO P. O. BOX 41505 MIAMI BEACH, FI	0		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S/D () E MONTES, ANTON P.O. BOX 415050 MIAMI BEACH, FI)		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () C CARDENAS, MAR P.O. BOX 415050 MIAMI BEACH, FI)		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T/D () E MONTES, ALEXA P.O. BOX 415050 MIAMI BEACH, FI	NDER J)		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () E MONTES, MAYRA P.O. BOX 415050 MIAMI BEACH, FI)		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () E CASTAÑO, ALEJA P.O. BOX 415050 MIAMI BEACH, FI)		Title: Name: Address: City-St-Zip:	VP (X CASTAÑO, ALI P.O. BOX 4150 MIAMI BEACH,	050	

I hereby certify that the information supplied with this filing does not qualify 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: ANTONIO MONTES S/D 04/24/2008