

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000059937

FILED
Dec 05, 2006
Secretary of State

Entity Name: LATINOAMERICANA DE SERVICIOS INC.

Current Principal Place of Business:

9017 E ADAMO DR STE B
TAMPA, FL 33619

New Principal Place of Business:

220 WEST BRANDON BLVD
216
BRANDON, FL 33511

Current Mailing Address:

9017 E ADAMO DR STE B
TAMPA, FL 33619

New Mailing Address:

220 W BRANDON BLVD.
216
BRANDON, FL 33511

FEI Number: 20-5847995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOMEZ, ARELYS
9017 E ADAMO DR STE B
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

GOMEZ, ARELYS
220 W BRANDON BLVD
216
BRANDON, FL 33511 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: ARELYS GOMEZ

12/05/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: GOMEZ, ARELYS
Address: 9017 E ADAMO DR STE B
City-St-Zip: TAMPA, FL 33619

Title: VP (X) Delete
Name: ABREU, JUAN
Address: 9017 E ADAMO DR STE B
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: GOMEZ, ARELYS
Address: 220 W BRANDON BLVD SUITE 216
City-St-Zip: BRANDON, FL 33511

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: ARELYS GOMEZ

P

12/05/2006

Electronic Signature of Signing Officer or Director

Date