

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103189

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: LATIN QUARTER DEVELOPERS, INC.

**Current Principal Place of Business:**

6301 COLLINS AVENUE  
2106  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 415050  
MIAMI BEACH, FL 33141

**New Mailing Address:**

FEI Number: 75-3197100      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MONTES, ANTONIO  
6301 COLLINS AVENUE  
2101  
MIAMI BEACH, FL 33141 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: CARDENAS, NICOLAS  
Address: P. O. BOX 415050  
City-St-Zip: MIAMI BEACH, FL 33141

Title: S/D ( ) Delete  
Name: MONTES, ANTONIO  
Address: P. O. BOX 415050  
City-St-Zip: MIAMI BEACH, FL 33141

Title: T/D ( ) Delete  
Name: MONTES, ALEXANDER J  
Address: P. O. BOX 415050  
City-St-Zip: MIAMI BEACH, FL 33141

Title: VP ( ) Delete  
Name: CARDENAS, MARTA  
Address: P. O. BOX 415050  
City-St-Zip: MIAMI BEACH, FL 33141

Title: VP ( ) Delete  
Name: MONTES, MAYRA  
Address: P. O. BOX 415050  
City-St-Zip: MIAMI BEACH, FL 33141

Title: VP ( ) Delete  
Name: CASTANO, ALEJANDRA  
Address: P. O. BOX 415050  
City-St-Zip: MIAMI BEACH, FL 33141

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date