

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103189

FILED
Jan 13, 2009
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 (X) Delete
Name: MONTES, ALEXANDER J
Address: P. O. BOX 415050
City-St-Zip: MIAMI BEACH, FL 33141

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/T (X) Change () Addition
Name: CARDENAS, NICOLAS
Address: P. O. BOX 415050
City-St-Zip: MIAMI BEACH, FL 33141

Title: SVP (X) Change () Addition
Name: MONTES, ANTONIO
Address: P. O. BOX 415050
City-St-Zip: MIAMI BEACH, FL 33141

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

Electronic Signature of Signing Officer or Director

SVP

01/13/2009

Date