

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90031 030 \*\*\*150.00

**DOCUMENT # P05000123141**

1. Entity Name  
**LATAMEL, INC.**



Principal Place of Business  
**7900 RED ROAD  
SUITE 9  
SOUTH MIAMI, FL 33143**

Mailing Address  
**7900 RED ROAD  
SUITE 9  
SOUTH MIAMI, FL 33143**

**60006245**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

**20-3419673**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIFAS, HAROLD M  
7900 RED ROAD  
SUITE 9  
SOUTH MIAMI, FL 33143**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete  
NAME MOTTA, STANLEY A  
STREET ADDRESS 10900 NW 27 ST  
CITY-ST-ZIP MIAMI, FL 33127

TITLE PD ☒ Change ☐ Addition  
NAME MOTTA, Stanley A.  
STREET ADDRESS 10900 NW 27 Street  
CITY-ST-ZIP Miami, Florida 33172

TITLE VPD ☒ Delete  
NAME GRANEK, DAVID  
STREET ADDRESS 10900 NW 27 ST  
CITY-ST-ZIP MIAMI, FL 33127

TITLE VPD ☒ Change ☐ Addition  
NAME GRANEK, David  
STREET ADDRESS 10900 NW 27 Street  
CITY-ST-ZIP Miami, Florida 33172

TITLE TD ☒ Delete  
NAME MOTTA, ALBERTO JR.  
STREET ADDRESS 10900 NW 27 ST  
CITY-ST-ZIP MIAMI, FL 33127

TITLE TD ☒ Change ☐ Addition  
NAME MOTTA, Alberto Jr.  
STREET ADDRESS 10900 NW 27 Street  
CITY-ST-ZIP Miami, Florida 33172

TITLE SD ☒ Delete  
NAME ORILLAC, ERASMO  
STREET ADDRESS 10900 NW 27 ST  
CITY-ST-ZIP MIAMI, FL 33127

TITLE SD ☒ Change ☐ Addition  
NAME ORILLAC, Erasmo  
STREET ADDRESS 10900 NW 27 Street  
CITY-ST-ZIP Miami, Florida 33172

TITLE AS ☒ Delete  
NAME MARTELL, ALBERT  
STREET ADDRESS 10900 NW 27 ST  
CITY-ST-ZIP MIAMI, FL 33127

TITLE AS ☒ Change ☐ Addition  
NAME MARTELL, Albert  
STREET ADDRESS 10900 NW 27 Street  
CITY-ST-ZIP Miami, Florida 33172

TITLE ATD ☒ Delete  
NAME VALLARINO, IVAN A  
STREET ADDRESS 10900 NW 27 ST  
CITY-ST-ZIP MIAMI, FL 33127

TITLE ATD ☒ Change ☐ Addition  
NAME Vallarino, Ivan A.  
STREET ADDRESS 10900 NW 27 Street  
CITY-ST-ZIP Miami, Florida 33172

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/15/07

305-594-3993