2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000123141

1. Entity Name
LATAMEL, INC.

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

01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3419673
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MOTTA, STANLEY A
STREET ADDRESS	10900 NW 27 ST
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	VPD
NAME	GRANEK, DAVID
STREET ADDRESS	10900 NW 27 ST
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	TD
NAME	MOTTA, ALBERTO JR.
STREET ADDRESS	10900 NW 27 ST
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	SD
NAME	ORILLAC, ERASMO
STREET ADDRESS	10900 NW 27 ST
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	AS
NAME	MARTELL, ALBERT
STREET ADDRESS	10900 NW 27 ST
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	ATD
NAME	VALLARINO, IVAN A
STREET ADDRESS	10900 NW 27 ST
CITY-ST-ZIP	MIAMI, FL 33172

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01/18/08-80009-024 150.00

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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: Albert Martell 1/10/08 305-591-3993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #