

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000130748

FILED  
Aug 28, 2012  
Secretary of State

**Entity Name:** LATINOAMERICANA DE SERVICIOS MARITIMOS - LASER MARITIME INC.

**Current Principal Place of Business:**

2655 LE JEUNE RD., #526  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

2655 LE JEUNE ROAD, SUITE 805-9  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

2655 LE JEUNE RD., #526  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

2655 LE JEUNE ROAD, SUITE 805-9  
CORAL GABLES, FL 33134 US

**FEI Number:** 20-3521805

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANCHEZ, RAFAEL E  
2655 LE JEUNE RD., #526  
CORAL GABLES, FL 33073 US

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

SANCHEZ, RAFAEL E  
2655 LE JEUNE ROAD, SUITE 805-9  
CORAL GABLES, FL 33073 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:

08/28/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SANCHEZ, RAFAEL E  
Address: 2655 LE JEUNE ROAD, SUITE 805-9  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D  
Name: SANCHEZ, GUSTAVO A  
Address: 2655 LE JEUNE ROAD, SUITE 805-9  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: D  
Name: SANCHEZ, RAFAEL E JR.  
Address: 2655 LE JEUNE RD., #526  
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby 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 all other like empowered.

SIGNATURE: RAFAEL SANCHEZ DELGADO

D

08/28/2012

Electronic Signature of Signing Officer or Director

Date