2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2006
Secretary of State

DOCUMENT# P05000134027

Entity Name: LATIN AMERICA SOLUTION INC

Current Principal Place of Business:

4041 N PINE ISLAND RD
APT 205
SUNRISE, FL 33351

New Principal Place of Business:

629 SHERWOOD DR
ALTAMONTE SPRINGS, FL 32709

Current Mailing Address:

4041 N PINE ISLAND RD
SUITE 205
SUNRISE, FL 33351

New Mailing Address:

PO BOX 801922
AVENTURA, FL 33280

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SANCHEZ, FLORANGEL
4041 N PINE ISLAND RD
APT 205
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

MARTINEZ, JAIME F
629 SHERWOOD DR
ALTAMONTE SPRINGS, FL 32709 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: JAIME F MARTINEZ 09/01/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SANCHEZ, FLORANGEL
Address: 4041 N PINE ISLAND RD APT 205
City-St-Zip: SUNRISE, FL 33351

Title: D (X) Delete
Name: FAIRFOOT, JAIME
Address: 4041 N PINE ISLAND RD APT 205
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MARTINEZ, JAIME F
Address: 629 SHERWOOD DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32709

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JAIME F MARTINEZ P 09/01/2006
Electronic Signature of Signing Officer or Director Date