## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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## **DOCUMENT # P05000138162**

1. Entity Name

LATIN REAL ESTATE DEVELOPMENT, INC.



Principal Place of Business

**5023 RINGWOOD MEADOW** SARASOTA, FL 34235

Mailing Address

5023 RINGWOOD MEADOW SARASOTA, FL 34235

## **FILED** Sep 09, 2008 08:00 AM Secretary of State



08272008

No Chg-P

CR2E034 (11/05)

4. FEI Number 68-0615125

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MERRITT, RANDY LESQ. RANDY L. MERRITT, ESQ., P.A. 5023 RINGWOOD MEADOW SARASOTA, FL 34235

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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.   |          | U0000095930              | )4                             |

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

09/09/08-80005-016 150.00

9. Election Campaign Financing

\$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

|                                       | ue by September 12, 2008  | Trust Fund Contribution. |  |  |
|---------------------------------------|---|--------------------------|--|--|
| 10.                                   | OFFICERS AND DIREC  | CTORS                    |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD<br>MERRITT, RANDY L<br>5023 RINGWOOD MEADOW<br>SARASOTA, FL 34235 |                          |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD<br>ALLION, DARRYL<br>1962 BEL AIR STAR PKWY<br>SARASOTA, FL 34240 |                          |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |                          |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |                          |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |                          |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |                          |  |  |

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12. Thereby certify that the information supplied with this filling 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 eath; 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