

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 07, 2007 8:00 am**  
**Secretary of State**

06-07-2007 90003 029 \*\*\*150.00

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06052007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P05000157858</b> 1. Entity Name <b>LATIN AMERICAN BROADBAND CORP.</b>					
Principal Place of Business <b>3480 WEST 84TH STREET BAY 107 HIALEAH, FL 33018</b>			Mailing Address <b>3480 WEST 84TH STREET- BAY 107 HIALEAH, FL 33018</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>4445 W 16 Ave.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>302/406</b>			
City & State		City & State <b>Hialeah, Florida</b>		4. FEI Number <b>59-3827013</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33012</b>		Country <b>USA</b>			
6. Name and Address of Current Registered Agent  <b>TAXPLUS &amp; ACCOUNTING, INC 4445 W. 16 AVE. 302 HIALEAH, FL 33012</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>MARTINEZ, FERNANDO</b> <input checked="" type="checkbox"/> Delete <b>RESIDENCIAL VILLAS DEL ROBLE. CASA 22. MORAVIA, SAN JOSE, CR 1902150</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PRESIDENT ANGARITA, LUIS F. CALLE 29 No. 7-44 BELLAVISTA, CUCUTA, COLOMBIA</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR <b>ANGARITA, LUIS F</b> <input type="checkbox"/> Delete <b>CALLE 29 NO. 7-44 BELLAVISTA, CUCUTA, CU COLOMBIA</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VICE-PRESIDENT ANGARITA, MARTHA L. CALLE 29 No. 7-44 BELLAVISTA, CUCUTA, COLOMBIA</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <b>ANGARITA, MARTHA L</b> <input type="checkbox"/> Delete <b>CALLE 29 NO. 7-44 BELLAVISTA, CUCUTA, CU COLOMBIA</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TREASURER MARTINEZ, FERNANDO RESIDENCIAL VILLAS DEL ROBLE#22 MORAVIA, SAN JOSE, COSTA RICA. 1902150</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Luis F. Angarita</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <span><i>06/07/2007</i></span> <span><i>(305) 828-7227</i></span> </div> <div style="display: flex; justify-content: space-between;"> <span><small>Date</small></span> <span><small>Daytime Phone #</small></span> </div>					