2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000001525

Entity Name: LATIN CONNECTION REAL ESTATE CORP.

FILED Jan 22, 2009 Secretary of State

| Current Principa | al Place of Business: | New Principal Place of Business: |
|------------------|-----------------------|----------------------------------|
| | | |

2647 BOGGY CREEK RD 1525 FORTUNE RETAIL ROAD KISSIMMEE, FL 34743 KISSIMMEE, FL 34744

Current Mailing Address: New Mailing Address:

2647 BOGGY CREEK RD 1525 FORTUNE RETAIL ROAD KISSIMMEE, FL 34743 KISSIMMEE, FL 34744

FEI Number: 20-4073926 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MARTINEZ, CLAUDIA MARTINEZ, CLAUDIA 1525 FORTUNE RETAIL RD 2647 BOGGY CREEK RD KISSIMMEE, FL 34743 KISSIMMEE, FL 34744

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: CLAUDIA MARTINEZ 01/22/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

Title: () Delete Title: (X) Change () Addition MARTINEZ, CLAUDIA Name: Name: MARTINEZ, CLAUDIA 1525 FORTUNE RETAIL CT 1525 FORTUNE RETAIL CT Address: Address: City-St-Zip:

KISSIMMEE, FL 34744 City-St-Zip: KISSIMMEE, FL 34744

Title: Title: () Delete Name: MARTINEZ, MICHAEL Name: 1525 FORTUNE RETAIL CT Address: Address: KISSIMMEE, FL 34744 City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition

MARTINEZ, DANIEL Name: MARTINEZ, DANIEL Name: 1525 FORTUNE RETAIL CT 1525 FORTUNE RETAIL CT Address: Address: City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: KISSIMMEE, FL 34744

I hereby certify that the information supplied with this filing does not qualify 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: CLAUDIA MARTINEZ DS 01/22/2009