2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-05-2007 90101 025 ***150.00

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1. Entity Name
LATIN BUSINESS INSTITUTE, INC.

Principal Place of Business
405 BLUE BIRD ST.
APOPKA, FL 32703 US

Mailing Address
405 BLUE BIRD ST.
APOPKA, FL 32703 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip | Country

Zip | Country

01312007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4322977 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REATEGUI, MAGNO
405 BLUE BIRD ST.
APOPKA, FL 32703

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City | FL | Zip Code

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_____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	REATEGUI, MAGNO	NAME	
STREET ADDRESS	405 BLUE BIRD ST.	STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 32703	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GARCIA, VICTOR	NAME	
STREET ADDRESS	405 BLUE BIRD ST.	STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 32703	CITY-ST-ZIP	
TITLE	S, T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	REATEGUI, NORMA	NAME	
STREET ADDRESS	405 BLUE BIRD ST.	STREET ADDRESS	
CITY-ST-ZIP	APOPKA, FL 32703	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: PRESIDENT 01/31/07 407-464-0657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MAGNO REATEGUI Title Daytime Phone #