2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000022002

Title:

Name:

Address:

City-St-Zip:

FILED Apr 28, 2008 Secretary of State

Entity Nan	ne: EMOTRO	N LATIN AMERICA, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
2121 N BAYSHORE DR #716 MIAMI, FL 33137				2121 N BAYSHORE DR #716 #716 MIAMI, FL 33137			
Current Mailing Address:				New Mailing Address:			
2121 N BAYSHORE DR #716 MIAMI, FL 33137				2121 N BAYSHORE DR #716 #716 MIAMI, FL 33137			
FEI Number:	56-2561041	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Des	sired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
NRAI SERV 2731 EXEC WESTON,	VICES, INC. CUTIVE PK DF FL 33331	R STE 4 US					
The above in the State		submits this statement for the p	purpose o	f changing it	s registere	d office or registered age	nt, or both,
SIGNATUR							
Election Can		nic Signature of Registered Ago g Trust Fund Contribution ().	ent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	GUSTAVSSON'	/ 6G SE-241 35		Title: Name: Address: City-St-Zip:	MARIEHOL	(X) Change () Addition ONV, PAUL DIRECTO MSV 6G VEDEN, NA SE-241 35 SE	
Title: Name: Address: City-St-Zip:	HANSSON, LEI	N AVE STE 1950		Title: Name: Address: City-St-Zip:	150 N MICH	(X) Change () Addition DMAN SECRETA HIGAN AVE STE 1950 IL 60601 US	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	MöSAREGA	() Change (X) Addition M, JAN-ERIC DIRECTO ATAN 12 DRG, SWEDEN, NA SE-250 24	4 SE

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PAUL GUSTAVSSON D 04/28/2008

() Delete

() Change (X) Addition

2121 NORTH BAYSHORE DRIVE, #716

VAZQUEZ, RAUL DIRECTÓ

MIAMI, FL 33137 US