

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000107140

1. Entity Name
LATIN CREDIT SOLUTION INC.



Principal Place of Business
12717 W SUNRISE BLVD
261
SUNRISE, FL 33323

Mailing Address
12717 W SUNRISE BLVD
261
SUNRISE, FL 33323

**FILED
Apr 28, 2008 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE



03052008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5528599	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ROJAS, ALBERTO J
430 COMMODORE DR
105
PLANTATION, FL 33325

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution:

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME ROJAS, ALBERTO J
STREET ADDRESS 430 COMMODORE DR # 105
CITY-ST-ZIP PLANTATION, FL 33325

TITLE VP
NAME BELTRAN, MARTA E
STREET ADDRESS 430 COMMODORE DR # 105
CITY-ST-ZIP PLANTATION, FL 33325

TITLE
NAME
STREET ADDRESS
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:

Albert Rojas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25/08 954 260-6491
Date Daytime Phone #