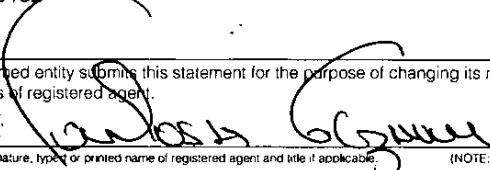
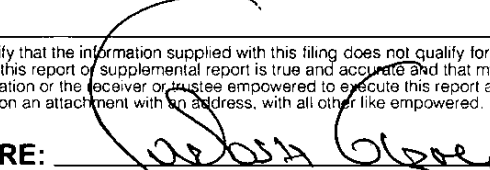


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90027 001 ***150.00

DOCUMENT # P06000151553 1. Entity Name LATIN COMPUTER USA, INC.																													
Principal Place of Business 141 NE 3RD AVENUE STE 406 MIAMI, FL 33132			Mailing Address 141 NE 3RD AVENUE STE 406 MIAMI, FL 33132																										
2. Principal Place of Business - No P.O. Box # 7238 NW 31 ST Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc. SAME																										
City & State MIAMI FL			City & State MIAMI FL																										
Zip 33122		Country		4. FEI Number 20-8013325																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent GUZMAN, CARLOS H 141 NE 3RD AVENUE STE 406 MIAMI, FL 33132			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7823 SW 60 ST City MIAMI FL Zip Code 33143																										
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:  DATE:																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PD</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GUZMAN, CARLOS H</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>141 NE 3RD AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33132</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	GUZMAN, CARLOS H		STREET ADDRESS	141 NE 3RD AVENUE		CITY-ST-ZIP	MIAMI, FL 33132		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">7823 SW 60 ST</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MIAMI FL 33143</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	7823 SW 60 ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MIAMI FL 33143		STREET ADDRESS			CITY-ST-ZIP		
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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 of 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:  DATE:																													