

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-03-2008 90198 026 ***150.00

DOCUMENT # P07000079066 1. Entity Name LATIN AMERICAN CONGRESS GROUP, INC.			
Principal Place of Business 191 NW 97 AVE. APT. 523 MIAMI, FL 33172		Mailing Address 191 NW 97 AVE. APT. 523 MIAMI, FL 33172	
2. Principal Place of Business - No P.O. Box # 4401 E INDEPENDENCE BLVD		3. Mailing Address 4401 E INDEPENDENCE BLVD.	
Suite, Apt. #, etc. SUITE 2003		Suite, Apt. #, etc. SUITE 203	
City & State CHARLOTTE NC		City & State CHARLOTTE NC	
Zip 28205	Country US	Zip 28205	Country US
6. Name and Address of Current Registered Agent PEREZ, MICHAEL 287 PARK BLVD. MIAMI, FL 33172		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 _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANABRIA, LUIS E 605 SHARVIEW CIRCLE, APT. 1722 CHARLOTTE, NC 28217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANCHEZ, ELIANNY 605 SHARVIEW CIRCLE, APT. 1722 CHARLOTTE, NC 28217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HURTADO, ERNESTO 4856 GRIER FARM LANE CHARLOTTE, NC 28270 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		02/26/2008 704 5911330 <small>Date Daytime Phone #</small>	