

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 SEP 25 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09092008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000103239					
1. Entity Name LATINOS WEALTH GROUP INC					
Principal Place of Business 7302 EXTER WAY TAMPA, FL 33615 US			Mailing Address 7302 EXTER WAY TAMPA, FL 33615 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	4. FEI Number 51-0646971	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MICHAEL, SANTOS 7302 EXTER WAY TAMPA, FL 33615				7. Name and Address of New Registered Agent Foster S. Lovett, CPA 400 E. MLK Blvd #108 Tampa, Florida 33603	
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, and in doing so, it certifies that it is in compliance with, and accepts the obligations of, the provisions of Chapter 607, Florida Statutes, and that its name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE 				DATE	
Amended AR is \$61.25				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 SANTOS, MICHAEL 7302 EXTER WAY TAMPA, FL 33615	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000136385150 09/26/08--01043--001 **\$61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DE LA PAZ, ORLANDO 7302 EXTER WAY TAMPA, FL 33615	<input checked="" 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	
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	
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	
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: 				Date: 9/18/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

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