

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000080617

Entity Name: LATCOM INTERNATIONAL INC

FILED
Dec 16, 2009
Secretary of State

Current Principal Place of Business:

10049 N.W 89 AVENUE
4
MIAMI, FL 33178

New Principal Place of Business:

9820 ATLANTIC DRIVE
MIRAMAR, FL 33025

Current Mailing Address:

10049 N.W 89 AVENUE
4
MIAMI, FL 33178

New Mailing Address:

9820 ATLANTIC DRIVE
MIRAMAR, FL 33025

FEI Number: 26-3286056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COMPASS, ARTHUR
9820 ATLANTIC DRIVE
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ARTHUR COMPASS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COMPASS, ARTHUR
Address: 9820 ATLANTIC DRIVE
City-St-Zip: MIRAMAR, FL 33025

Title: VP () Delete
Name: COMPASS, JENNIFER
Address: 9820 ATLANTIC DRIVE
City-St-Zip: MIRAMAR, FL 33025

Title: SE () Delete
Name: WALTERS, FAITH
Address: 9820 ATLANTIC
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ARTHUR COMPASS

P

12/16/2009

Electronic Signature of Signing Officer or Director

Date