

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20948

FILED
Feb 14, 2007
Secretary of State

Entity Name: LATIN AMERICAN FINANCIAL PUBLICATIONS, INC.

Current Principal Place of Business:

2600 DOUGLAS ROAD
STE 410
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2600 DOUGLAS ROAD
STE 410
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 13-3474782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALLEN, STUART
Address: 2600 DOUGLAS ROAD, SUITE 410
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: JONES, COLIN
Address: 225 PARK AVENUE SOUTH
City-St-Zip: NEW YORK,, NY 10003

Title: D () Delete
Name: BROWN, CHRIS
Address: 225 PARK AVE SOUTH
City-St-Zip: NEW YORK, NY 10003

Title: D () Delete
Name: MOREYRA, GIULIANA M
Address: 2600 DOUGLAS ROAD, SUITE 410
City-St-Zip: CORAL GABLES, FL 33134

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GIULIANA M. MOREYRA

COO

02/14/2007

Electronic Signature of Signing Officer or Director

_____ Date