


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90238 006 ***150.00

DOCUMENT # P94000063018	
1. Entity Name LATIN AMERICAN MARKETING BUSINESS, INC.	

Principal Place of Business 4346 FOX RIDGE DR WESTON, FL 33331 US	Mailing Address 4346 FOX RIDGE DR WESTON, FL 33331 US
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2. Principal Place of Business 5315 NW 84 ST	3. Mailing Address 5315 NW 84 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State coconut Creek.	City & State coconut creek
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Zip 33073	Country USA	Zip 33073	Country USA
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04262004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0521176	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TORRES, RAFAEL 4346 FOX RIDGE DR WESTON, FL 33331	
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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 RAFAEL Torres DATE 4/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCM TORRES, RAFAEL 4346 FOX RIDGE DR WESTON, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: RAFAEL Torres <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4/28/04 Daytime Phone # 954 7096550