

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90013 027 ***150.00

DOCUMENT # P95000013528

1. Entity Name
IDG LATIN AMERICA, INC.



Principal Place of Business
5757 BLUE LAGOON DRIVE
SUITE 230
MIAMI, FL 33126

Mailing Address
5 SPEEN STREET
FRAMINGHAM, MA 01701

54022124



2. Principal Place of Business

8200 NW 41st Street
Suite 300

3. Mailing Address

5 Speen Street

01132004 Chg-P CR2E034 (10/03)

City & State
Miami, FL

City & State
Framingham, MA

4. FEI Number
65-0556506

Applied For
Not Applicable

Zip
33166

Country
U.S.A.

Zip
01701

Country
U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
BLOOM, EDWARD B
16 STANDISH CRICLE
WELLESLEY, MA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
KARLIN, MIRIAM
53 ELLS DRIVE
WORCESTER, MA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miriam R. Kadin

3/19/04

Date

508-935-4686

Daytime Phone #