

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000023013		
1. Entity Name LATIN AMERICAN FINANCIAL SERVICES, INC.		

Principal Place of Business 200 SOUTH BISCAYNE BLVD. SUITE 3750 MIAMI, FL 33131 US	Mailing Address 200 SOUTH BISCAYNE BLVD. SUITE 3750 MIAMI, FL 33131 US
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DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0651201** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CASTILLO B., ALVARO B
1533 SUNSET DRIVE
SUITE 201
MIAMI, FL 33143**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

1100000387402
01/19/06-80039-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAMORA, ROBERTO 200 SOUTH BISCAYNE BLVD., SUITE 3750 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZAMORA, MARIA J 200 SOUTH BISCAYNE BLVD., SUITE 3750 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

60401

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **01/17/2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #