


**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	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CASTILLO B., ALVARO B 1533 SUNSET DRIVE SUITE 201 MIAMI, FL 33143		
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 _____ <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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0651201** Applied F. Not App.

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

**DO NOT WRITE
IN THIS SPACE**

**DO NOT WRITE
IN THIS SPACE**

1100000387402
01/19/06-80039-002 150.00

60401

01/17/2006

Date

Daytime Phone #