

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2008 8:00 am
Secretary of State

05-22-2008 90021 022 ***150.00

DOCUMENT # P95000023013

1. Entity Name
LATIN AMERICAN FINANCIAL SERVICES, INC.



Principal Place of Business
**200 SOUTH BISCAYNE BLVD.
SUITE ~~3750~~ 3550
MIAMI, FL 33131 US**

Mailing Address
**200 SOUTH BISCAYNE BLVD.
SUITE ~~3750~~ 3550
MIAMI, FL 33131 US**



04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ZAMORA, ROBERTO J SR.
STREET ADDRESS 200 SOUTH BISCAYNE BLVD., SUITE ~~3750~~ 3550
CITY-ST-ZIP MIAMI, FL 33131

TITLE SD
NAME ZAMORA, MARIA J
STREET ADDRESS 200 SOUTH BISCAYNE BLVD., SUITE ~~3750~~ 3550
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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

Date

Daytime Phone #

4/30/08

305-374-6001