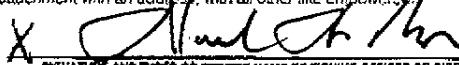


FILED**May 01, 2006 08:00 AM**
Secretary of State**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000039665			
1. Entity Name LATIN EXPORT SERVICES, INC.			
Principal Place of Business 8530 NW 72 STREET MIAMI, FL 33166 US		Mailing Address 8530 NW 72 STREET MIAMI, FL 33166 US	
DO NOT WRITE IN THIS SPACE			
		 04272006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 66-0590153	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARBA, NOEL A 5384 NW 111TH COURT MIAMI, FL 33178		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	P		
NAME	BARBA, NOEL A		
STREET ADDRESS	5384 NW 111TH COURT		
CITY-ST-ZIP	MIAMI, FL 33178		
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 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date _____ Daytime Phone # _____	