


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90442 030 ***150.00

DOCUMENT # P96000095223 1. Entity Name LATIN AMERICAN BROKERS, INC.			
Principal Place of Business 7270 NW 12TH ST. SUITE 650 MIAMI, FL 33126 US		Mailing Address P. O. BOX 52-3542 MIAMI, FL 33152 US	
2. Principal Place of Business Suite, Apt. #, etc. 1355 NW 93 CT. #A-105 City & State DORAL, FL Zip 33172 Country US		3. Mailing Address Suite, Apt. #, etc. P.O. Box 52-3542 City & State MIAMI, FL Zip 33152 Country US	
4. FEI Number 65-0709358		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKLAVOUNOS, ALEX 7270 NW 12TH ST. #650 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name SKLAVOUNOS, ALEX Street Address (P.O. Box Number is Not Acceptable) 1355 NW 93 CT. #A-105 City DORAL FL Zip Code 33172	
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 <u><i>Alex Sklavounos</i></u> ALEX SKLAVOUNOS 4/20/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SKLAVOUNOS, ALEX 7270 NW 12TH ST. #650 MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SKLAVOUNOS, ALEX 1355 NW 93 CT. #A-105 DORAL, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Alex Sklavounos</i></u> PSTD ALEX SKLAVOUNOS 4/20/06 (305) 471-7624 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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