2006 FOR PROFIT CORPORATION

Jan 12, 2006 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P98000015739 LATIN AMERICAN TRADE & INVESTMENTS INC. Principal Place of Business Mailing Address 11909 SW 78 TERRACE 11909 SW 78 TERRACE MIAMI, FL 33183 MIAMI, FL 33183 CR2E034 (11/05) 01092006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Gertificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE NUNEZ, ANTONIO E 11909 SW 78 TERRACE MIAMI, FL 33183 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. BHE NUNEZ, ANTONIO E NAME 11909 SW 78 TERRACE STREET ADDRESS MIAMI, FL 33183 CITY-ST-ZIP (100000382980 01/12/06-80033-022 150.00 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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 path; 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 appears, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CiTY-S1-ZiP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED