


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90297 042 \*\*\*558.75

**DOCUMENT # P98000092695**

1. Entity Name  
 LATIN GLOBE, INC.



Principal Place of Business      Mailing Address

8040 NW 155TH. STREET      8040 NW 155TH. STREET  
 204      204  
 MIAMI LAKES, FL 33016 US      MIAMI LAKES, FL 33016 US

**50051068**



2. Principal Place of Business      3. Mailing Address

15100 NW 67th Avenue      15100 NW 67th Avenue  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 100      100

05022005      Chg-P      CR2E034 (10/03)

City & State      City & State

Miami Lakes, FL      Miami Lakes, FL

Zip      Country      Zip      Country

33014      US      33014      US

4. FEI Number      Applied For

65-0897912      Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, ACACIO  
 8040 NW 155TH. STREET  
 SUITE 204  
 MIAMI LAKES, FL 33016

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

15100 NW 67th Avenue  
 100

City      State      Zip Code

Miami Lakes      FL      33014

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 \$550.00**  
**Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ACACIO, RODRIQUEZ	
STREET ADDRESS	8040 NW 155TH. STREET STE 204	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRACHO, ELNOR	
STREET ADDRESS	7701 CAMINO REAL A303	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	15100 NW 67th Avenue, Suite 100	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or without like empowerment.

SIG. \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR