

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

**50051068**



05022005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P98000092695</b> 1. Entity Name LATIN GLOBE, INC.					
Principal Place of Business 8040 NW 155TH. STREET 204 MIAMI LAKES, FL 33016 US			Mailing Address 8040 NW 155TH. STREET 204 MIAMI LAKES, FL 33016 US		
2. Principal Place of Business 15100 NW 67th Avenue Suite, Apt. #, etc. 100		3. Mailing Address 15100 NW 67th Avenue Suite, Apt. #, etc. 100			
City & State Miami Lakes, FL		City & State Miami Lakes, FL		4. FEI Number 65-0897912	
Zip 33014		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$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 Miami Lakes FL Zip Code 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 7, 2005</b>		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	P ACACIO, RODRIQUEZ 8040 NW 155TH. STREET STE 204 MIAMI LAKES, FL 33016		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15100 NW 67th Avenue, Suite 100 Miami Lakes, FL 33014	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BRACHO, ELNOR 7701 CAMINO REAL A303 MIAMI, FL 33143		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 empowered.					
SIG. _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					