


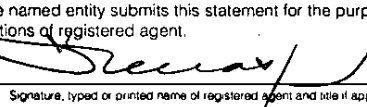
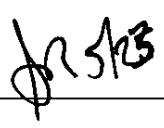
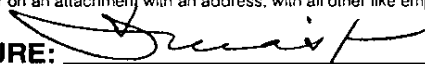
158.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAY 15 AM 9:50

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P99000048649			
1. Entity Name LATIN NODE, INC.			
Principal Place of Business 7232 N.W. 31ST ST. MIAMI, FL 33122		Mailing Address 7232 N.W. 31ST ST. MIAMI, FL 33122	
2. Principal Place of Business - No P.O. Box # 9800 NW 41ST STREET Suite, Apt. #, etc. SUITE 200 City & State MIAMI, FL Zip 33178 Country USA		3. Mailing Address 9800 NW 41ST STREET Suite, Apt. #, etc. SUITE 200 City & State MIAMI, FL Zip 33178 Country USA	
4. FEI Number 65-0927797		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01192007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent VASQUEZ, GLORIA 7232 NW 31 ST MIAMI, FL 33122		7. Name and Address of New Registered Agent Name VASQUEZ, GLORIA Street Address (P.O. Box Number is Not Acceptable) 9800 NW 41ST ST., SUITE 200 City MIAMI FL Zip Code 33178	
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  GLORIA VASQUEZ, D/S 4/17/07 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P GRANADOS, JORGE 7232 N.W. 31 STREET MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P GRANADOS, JORGE 9800 NW 41ST ST., SUITE 200 MIAMI, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VASQUEZ, GLORIA 7232 NW 31 ST MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S VASQUEZ, GLORIA 9800 NW 41ST ST., SUITE 200 MIAMI, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALAS, OLIVIA 7232 NW 31 ST MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP DE LA SALAS, OLIVIA 9800 NW 41ST ST, SUITE 200 MIAMI, FL 33178 <input checked="" 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	D VASQUEZ, JUAN PABLO 9800 NW 41ST ST, SUITE 200 MIAMI, FL 33178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABASCAL, JUAN CARLOS 9800 NW 41ST ST, SUITE 200 MIAMI, FL 33178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600103599796 05/31/07--01007--020 **903.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  GLORIA VASQUEZ, SEC 4/17/07 (305)5924848 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			