## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 05, 2007 08:00 AM DOCUMENT # P99000097571 **Secretary of State** 1. Entity Namo DTS LATIN, INC. Principal Place of Business Mailing Addross 80 S.W. 8TH STREET SUITE 2054 MIAMI FL 33130 80 S.W. 8TH STREET SUITE 2054 MIAMI FL 33130 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. # etc. 1st MOORE CR2E034 (10/06) City & Stato Applied For City & State 4. FEI Number 65-0963906 Not Applicable Zip Country Zιρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MULLIGAN, T. WAYNE 821 S. SHORE DRIVE Street Address (P.O. Box Number is Not Acceptable) MIAM! BEACH FL 33141-2409 Zıp Code 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 Signature, typed or printed name of registered agent and title capplicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HIII. ☐ Delete Tillf ☐ Change ☐ Addition PARRA, JOSE F NAME 80 SW 8 STREET #2054 STREET ADORESS STREET ADDRESS **MIAMI FL 33130** CiTY-ST-7IP CITY-ST-ZIP *U000006*56630 VPST 03/14/07-80034-000 change 75 Addition TITLE ☐ Defete THLE MULLIGAN, T. WAYNE NAME NAME 80 SW 8 STREET #2054 STREET ADDRESS STREET ADDRESS MIAMI FL 33130 CITY-ST-7P CITY-SI-ZIP TITLE Delete Change Addition BAAS, EDWARD A NAME: NAME STREET ADDRESS 80 SW 8 STREET #2054 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33130 CITY-SE-7IP HILE ☐ Delete THUE. ☐ Change ☐ Addition NAME NAME STRUET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP THE ☐ Delete ШЦ ☐ Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP DHE ☐ Delete IIILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section †19, 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 adactyment with an address, with all other like empowered. WAYNE MULLIGAN, VP 2-28-07
NING OFFICER OR DIRECTOR

FILED