

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004071

FILED
Feb 06, 2013
Secretary of State
CC8888964033**Entity Name:** THE LATIN ACADEMY OF RECORDING ARTS & SCIENCES, INC.**Current Principal Place of Business:**3470 NORTH WEST 82ND AVE
SUITE #700
MIAMI, FL 33122**Current Mailing Address:**3470 NORTH WEST 82ND AVE
SUITE #700
MIAMI, FL 33122**FEI Number: 95-4501165****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	C
Name	COBOS, LUIS
Address	3470 NORTH WEST 82ND AVE, STE 700
City-State-Zip:	MIAMI FL 33122

Title	CFO
Name	DOUSDEBES, LUIS
Address	3470 NORTH WEST 82ND AVE, STE 700
City-State-Zip:	MIAMI FL 33122

Title	P
Name	ABAROA, GABRIEL
Address	3470 NORTH WEST 82ND AVE, STE 700
City-State-Zip:	MIAMI FL 33122

Title	T
Name	VILLANUEVA, LUIS
Address	3470 NORTH WEST 82ND AVE, STE 700
City-State-Zip:	MIAMI FL 33122

Title	VC
Name	CANAZZIO, MOOGIE
Address	3470 NORTH WEST 82ND AVE, STE 700
City-State-Zip:	MIAMI FL 33122

Title	S
Name	BLACK SUAREZ, MARY
Address	3470 NORTH WEST 82ND AVE, STE 700
City-State-Zip:	MIAMI FL 33122

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LUIS DOUSDEBES**CFO****02/06/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date