

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Nov 03, 2009  
Secretary of State**

DOCUMENT# H89161

Entity Name: LA TROPICANA DEL SOL II, INC.

**Current Principal Place of Business:**

11345 SR 54  
ODESSA, FL 33556 US

**New Principal Place of Business:**

**Current Mailing Address:**

2535 SUCCESS DRIVE  
ODESSA, FL 33556 US

**New Mailing Address:**

FEI Number: 59-2626249      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPEER, ROY M  
2535 SUCCESS DRIVE  
ODESSA, FL 33556 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SPEER, ROY M  
Address: 2535 SUCCESS DR  
City-St-Zip: ODESSA, FL 33556

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: HOGLUND, THOMAS  
Address: 2535 SUCCESS DRIVE  
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROY SPEER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

11/03/2009

\_\_\_\_\_  
Date