FILED Apr 21, 2006 8:00 am Secretary of State 04-21-2006 90100 037 ****61.25

ANNU	Apr Sec		
DOCUMENT # 769710 1. Entity Name LOS RAYOS DE SOL ASSOCIA	Sec 04-2		
Principal Place of Business 6421 CONGRESS AVE. SUITE 110 BOCA RATON, FL 33487 US	Mailing Address 6421 CONGRESS AVE. SUITE 110 BOCA RATON, FL 33487	US	
2. Principal Place of Business	3. Mailing Address		
Suite Apt. #. etc.	Suite Apt # etc.		00422005

Principal Plac	e of Business		Mailin	g Address							
6421 CONGR	RESS AVE.			CONGRESS AVE.							
SUITE 110				E 110			1				
BOCA RATON	I, FL 33487	US		RATON, FL 3348	7 US						
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Principal Place of Business 3. Mailing Address											
2. Thirtipar ridge of business					I TOBOUT TOBOUT	mirste desta lenate cracio mari	miësi arail Bibli	Eines mente mente	101 21 1301		
Suite, Apt. #, etc. Suite, Apt. #, etc.											
Suite, Apt. #, etc.						02132006	Chg-NP	CR2E037	7 (11/05)		
City & State City & State					4. FEI Number			T An	plied For		
City & State	.6		"	y & State	. State		59-2454			<u> </u>	
7:		0	7:-	 	C						t Applicable
Zip	- 1	Country	Zip	'	Country		5. Certificate of	of Status Desired		8.75 Add	itional
											<u>'</u>
	6. Name a	nd Address of Current	Registere	d Agent			7. Name and	Address of New R	egistered A	gent	
A1/A14 001	UTULLO				į Nia	ame					į
AKAM SOL		TAU IT			C.	root Addro	ec /P O Poy Numbe	r in Not Appendable	<u>.,,</u>		
	GRESS AV	ENUE			31	Street Address (P.O. Box Number is Not Acceptable)					
SUITE 110		1407						**********			
BOCA RA	TON, FL 33	3487									
					Či	ty			FL	Zip Code	•
				 						<u></u>	
		submits this statement for	or the purp	ose of changing its	registered of	fice or regi	istered agent, or both	h, in the State of Flo	orida. I am fa	miliar with,	and accept
the obligat	tions of register	ed agent.									
SIGNATURE .			_							_	
	Signature, typed or	printed name of registered agen	and title if app	Nicable. (NOTE	. Registered Ager	nt signature req	juired when reinstating)		DATE		
								<u> </u>			
	Filing Fee	is \$61.25		9. Election Cam			\$5.00 May Be		ake check		
	Due by Ma	y 1, 2006		Trust Fund C	ontribution.		Added to Fees	Flor	ida Departi	ment of St	ate
10.		OFFICERS AND DI	RECTORS		11.		ADDITIONS/CHA	NGES TO OFFICE	RS AND DIR	ECTORS IN	10
TITLE	VPD			☐ Delete	TRTLE	DI	HANTAL W	14301		Change	Addition
NAME	ROBBINS,	RORERT 🛩		THE DESCRIPTION	NAME		7450 CAM			0.101.90	42
STREET ADDRESS	1	O FLORIDO			STREET ADI	NOTEC 7	MASO CHA	FO PLONIE	1 2 2		
						uncas B	BOCK RATTA	1 FL 339	03]
CITY-ST-ZIP		ON, FL 33433			CITY-ST-Z	IF I					
TITLE	PD	_		Delete	TITLE	DE	LAINE W	YNEZ	ine	Change	Addition
NAME	CORN, MO	RRIS 🔽			NAME	7	UST CAM	APO PLOKI	40		' 1
STREET ADDRESS	7442 CAMF	O FLORIDO			STREET ADI	DRESS	701	11 51. 33	433		
CITY-ST-ZIP	BOCA RAT	ON, FL 33433			CITY-ST-Z	IP <i>19</i>	OLA RATO	בני ושיקות	, , , ,		į
TITLE	STD	•		Delete	TITLE	D //	RWIN MA 405 CAN	POBLIS		Change	Addition
NAME	GOLDEN, C	CAROL		Par Delete	NAME	// لد	A MAIN MAIN	AIDM Elab	מחני	onange	122 TOURION
STREET ADDRESS	1	O FLORIDA			STREET AD	ngecc 7	405 CAM	THO PLOK	100		İ
					CITY-ST-Z	in 3	OCA BATTA	(E) 33	433		
CITY-ST-ZIP	·	ON, FL 33433			UII1-31-2		7771	,,,,,,,			
TITLE	D			Delete	TITLE	1				Change	☐ Addition
NAME	SHULMAN,	MICHAEL			NAME						
STREET ADDRESS	7401 CAMP	PO FLORIDO			STREET AD	DRESS					
CITY-ST-ZIP	BOCA RAT	ON, FL 33433			CITY-ST-Z	IP					
TITLE	D			Delete	TITLE					Change	Addition
NAME	1 -	F, HOWARD			NAME						_
STREET ADDRESS	1	O FLORIDO			STREET AD	ngess }					
CITY-ST-ZIP	1	ON, FL 33433			CITY-ST-Z						
UIT-31-41	BOCA KAT	UN, FL 33433			_						
TITLE				☐ Delete	TITLE					☐ Change	☐ Addition
NAME					NAME						
STREET ADDRESS					STREET AD	DRESS					1
CITY-ST-ZIP					CITY-ST-Z	IP					
12 hereby	certify that the	information supplied wit	h this filing	does not qualify for	the exempt	ions contai	ined in Chapter 119.	Florida Statutes. I	further certif	y that the in	formation
		and house and hugh an									

Increasy certary mature minormation supplied with trils ming ooes not quality 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 617, 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.

GNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR