2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# 769710

Entity Name: LOS RAYOS DE SOL ASSOCIATION, INC.

Current Principal Place of Business:

21 SE 5TH STREET
#100
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

21 SE 5TH STREET
#100
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: 59-2454248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BISHOP, TERESA C
21 SE 5TH STREET
#100
BOCA RATON, FL 33432 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:	VPD	( ) Delete
Name:	ROBBINS, ROBERT	
Address:	7482 CAMPO FLORIDO	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	PD	( ) Delete
Name:	CORN, MORRIS	
Address:	7442 CAMPO FLORIDO	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	D	( ) Delete
Name:	HOWARD, SWERNOFF	
Address:	7498 CAMPO FLORIDO	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	D	( ) Delete
Name:	WYNER, ELAINE	
Address:	7489 CAMPO FLORIDO	
City-St-Zip:	BOCA RATON, FL 33433	
Title:	D	( ) Delete
Name:	MARCULIS, IRWIN	
Address:	7405 CAMPO FLORIDO	
City-St-Zip:	BOCA RATON, FL 33433	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	HOWARD, SWERNOFF	
Address:	7418 CAMPO FLORIDO	
City-St-Zip:	BOCA RATON, FL 33433	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	SHULMAN, MICHAEL	
Address:	7401 CAMPO FLORIDO	
City-St-Zip:	BOCA RATON, FL 33433	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MORRIS CORN P 03/27/2009

Electronic Signature of Signing Officer or Director — Date