2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N01000001293

Entity Name: FIESTA DEL SOL AL SOL, INC.

Current Principal Place of Business:

200 CENTRAL AVENUE
SUITE 2300
ST. PETERSBURG, LF 33701

New Principal Place of Business:

Current Mailing Address:

200 CENTRAL AVENUE
SUITE 2300
ST. PETERSBURG, LF 33701

New Mailing Address:

FEI Number: 59-3707252 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CFRA, LLC.
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 336075736 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: D ( ) Delete
Name: GILES, JOEL B
Address: 200 CENTRAL AVENUE, SUITE 2300
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D ( ) Delete
Name: MACDOUGALD, JAMES B
Address: 260 FIRST AVENUE SOUTH SUITE 110
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D ( ) Delete
Name: DAVID, RICHARD
Address: 14014 ROOSEVELT BLVD SUITE 704
City-St-Zip: CLEARWATER, FL 33762

Title: D ( ) Delete
Name: SLOAN, RUSS
Address: 100 SECOND AVENUE NORTH SUITE 150
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: D ( ) Delete
Name: ZACHARCHUK, JAN
Address: 100 SECOND AVENUE NORTH SUITE 150
City-St-Zip: SAINT PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOEL B. GILES D 04/29/2005

Electronic Signature of Signing Officer or Director — Date