

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000001293

1. Entity Name
FIESTA DEL SOL AL SOL, INC.



Principal Place of Business
200 CENTRAL AVENUE
SUITE 2300
ST. PETERSBURG, FL 33701

Mailing Address
200 CENTRAL AVENUE
SUITE 2300
ST. PETERSBURG, FL 33701



05012006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3707252

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. 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 33607-5736

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GILES, JOEL B
STREET ADDRESS	200 CENTRAL AVENUE, SUITE 2300
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	D
NAME	MACDOUGALD, JAMES B
STREET ADDRESS	260 FIRST AVENUE SOUTH SUITE 110
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	D
NAME	DAVID, RICHARD
STREET ADDRESS	14014 ROOSEVELT BLVD SUITE 704
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	D
NAME	SLOAN, RUSS
STREET ADDRESS	100 SECOND AVENUE NORTH SUITE 150
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	D
NAME	ZACHARCHUK, JAN
STREET ADDRESS	100 SECOND AVENUE NORTH SUITE 150
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/17/06-80137-001 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #