2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002151

Entity Name: MIAMI SUN BASKETBALL, INC.

FILED Feb 17, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7333 MIAMI LAKES DR. PMB 576 MIAMI LAKES, FL 33014

Current Mailing Address: New Mailing Address:

7333 MIAMI LAKES DR. PMB 576 MIAMI LAKES, FL 33014

FEI Number: 03-0509479 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

CRUZ, OBEL DIAZ, MIGUEL

7333 MIAMI LAKESDR. PMB 576

MIAMI LAKES, FL 33014 US

7333 MIAMI LAKES DR. PMB 578

MIAMI LAKES, FL 33014 US

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: MIGUEL DIAZ 02/17/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD () Delete Title: PRES (X) Change () Addition Name: TORRES, PAUL Name: DIAZ, MIGUEL

 Name:
 TORRES, PAUL
 Name:
 DIAZ, MIGUEL

 Address:
 7333 MIAMI LAKES DR. PMB 576
 Address:
 7333 MIAMI LAKES DR. PMB 576

 City-St-Zip:
 MIAMI LAKES, FL 33014
 City-St-Zip:
 MIAMI LAKES, FL 33014

Title: VCD (X) Delete Title: () Change () Addition

 Name:
 DIAZ, MIGUEL
 Name:

 Address:
 7333 MIAMI LAKES DR. PMB 576
 Address:

 City-St-Zip:
 MIAMI LAKES, FL 33014
 City-St-Zip:

Title: VCD (X) Delete Title: () Change () Addition

 Name:
 CRUZ, OBEL
 Name:

 Address:
 7333 MIAMI LAKES DR. PMB 576
 Address:

 City-St-Zip:
 MIAMI LAKES, FL 33014
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MIGUEL DIAZ PRES 02/17/2006