


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90031 021 ****61.25

DOCUMENT # NO3000008526	
1. Entity Name RUMBA LUZ, CORP.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business TAHFA		3. Mailing Address Luz Ceballos @ HSN.COM	
Suite, Apt. #, etc. 531 N BRINK		Suite, Apt. #, etc.	
City & State SARASOTA		City & State	
Zip FL	Country	Zip 34237	Country

40110480

DO NOT WRITE IN THIS SPACE

4. FEI Number 161686225		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

7. Name and Address of Current Registered Agent	
Name Luz Ceballos	
Street Address (P.O. Box Number is Not Acceptable) 531 N BRINK AVE	
SARASOTA FL	34237
City FL	Zip Code

**DO NOT WRITE
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 **Luz Ceballos** **5/1/2007**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Luz Ceballos 531 N BRINK AVE SARASOTA FL 34237	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Angel Zayas 531 N BRINK AVE SARASOTA FL 34237	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address with all other like empowered.

SIGNATURE: **Luz Ceballos** **5/1/2007** **941-296-55-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)