2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008729

Address:

City-St-Zip:

- 444 N

FILED Aug 28, 2008 Secretary of State

Entity Name: FUNDACION RAYITO DE SOL, INC. **Current Principal Place of Business: New Principal Place of Business:** 5436 NW 50 CT COCONUT CREEK, FL 33073 **Current Mailing Address: New Mailing Address:** 5436 NW 50 CT COCONUT CREEK, FL 33073 FEI Number: 20-5397654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAGONE, CONSUELO 5536 NW 50 CT COCONUT CREEK, FL 33073 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition RAGONE, CONSUELO Name: Name: 5436 NW 50 CT Address: Address: City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: Title: () Delete Title: () Change () Addition Name: RENGIFO, ROBERTO Name: Address: 5436 NW 50 CT Address: City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition NOHOCA, HALDONADO Name: MALDONADO, NOHORA Name: 2304 SW 81ST TERR 2304 SW 81ST TERR Address: Address: City-St-Zip: NORTH LAVOCCDALE, FL 33068 City-St-Zip: NORTH LAUDERDALE, FL 33068 (X) Change () Addition Title: **VPD** () Delete Title: SD Name: CALDERON, ILIA Name: DEMAIO, GENINE 555 NE 15TH ST APT 23K 1168 CARDENAS BLVD Address: Address: City-St-Zip: MIAMI, FL 33132 City-St-Zip: BOYTON BEACH, FL 33437 Title: () Delete Title: () Change (X) Addition MILBERT, LILIANA Name: Name:

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.

Address:

City-St-Zip:

6952 KEVIN WAY

LAKEWORTH, FL 33467

SIGNATURE: CONSUELO RAGONE PD 08/28/2008