

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008729

FILED
Sep 16, 2009
Secretary of State

Entity Name: FUNDACION RAYITO DE SOL, INC.

Current Principal Place of Business:

5436 NW 50 CT
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

5436 NW 50 CT
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 20-5397654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Title: PD () Delete
Name: RAGONE, CONSUELO
Address: 5436 NW 50 CT
City-St-Zip: COCONUT CREEK, FL 33073

Title: VPD () Delete
Name: RENGIFO, ROBERTO
Address: 5436 NW 50 CT
City-St-Zip: COCONUT CREEK, FL 33073

Title: SD () Delete
Name: MALDONADO, NOHORA
Address: 2304 SW 81ST TERR
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: SD () Delete
Name: DEMAIO, GENINE
Address: 1168 CARDENAS BLVD
City-St-Zip: BOYTON BEACH, FL 33437

Title: SD () Delete
Name: MILBERT, LILIANA
Address: 6952 KEVIN WAY
City-St-Zip: LAKEWORTH, FL 33467

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 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: CONSUELO RAGONE

PD

09/16/2009

Electronic Signature of Signing Officer or Director

Date