

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000111784

1. Entity Name  
TIEMPOS DE SOL, INC.



**FILED  
Feb 16, 2006 8:00 am  
Secretary of State**

02-16-2006 90056 038 \*\*\*150.00

40014787



02012006 Chg-P CR2E034 (11/05)

4. FEI Number <b>90-0245399</b>	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LAWSON, JAMES A  
1170 ST. CLAIR SHORE RD.  
NAPLES, FL 34112

Name **James A. Lawson**

Street Address (P.O. Box Number is Not Acceptable)

**1170 St. Claire Shore Rd.**

City <b>Naples</b>	FL	Zip Code <b>34112</b>
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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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME LAWSON, JAMES A  
STREET ADDRESS 1170 ST. CLAIR SHORE RD.  
CITY-ST-ZIP NAPLES, FL 34112

Delete

TITLE VP  
NAME James A. Lawson  
STREET ADDRESS 1170 St. Claire Shore Rd.  
CITY-ST-ZIP Naples, FL 34112

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
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CITY-ST-ZIP

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 607, 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:

*Silvia Casabianca*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 13/06

Date

239 348 0808

Daytime Phone #