## 2006 FOR PROFIT CORPORATION

## May 02, 2006 8:00 am Secretary of State **ANNUAL REPORT** 05-02-2006 90169 002 \*\*\*150.00 DOCUMENT # P97000066730 EL SOL LATINO, INC. 40078299 Principal Place of Business Mailing Address 5706 15TH STREET EAST 5706 15TH STREET EAST BRADENTON, FL 34203 BRADENTON, FL 34203 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. 04112006 CR2E034 (11/05) 4, FEI Number Applied For City & State City & State Not Applicable 65-0772039 Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOMELDORPH, HOWARD R Street Address (P.O. Box Number is Not Acceptable) 7648 LOCKWOOD RIDGE RD SARASOTA FL 34243 City Zip Code 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete ☐ Addition ☐ Change D TITLE TITLE ALVAREZ, AURELIO S NAME NAME STREET ADDRESS 5706 15TH STREET EAST STREET ADDRESS BRADENTON, FL 34203 City-St-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete REYES, KARLA NAME STREET ADDRESS STREET ADDRESS 3712 17 ST CT E BRADENTON, FL 34208 CITY-ST-ZIP CLTY-ST-ZIP ☐ Change Addition Delete TITLE TITLE PAGAN, MARIA C NAME NAME 507 19TH AVE W STREET ADDRESS STREET ADDRESS BRADENTON, FL 34205 CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling 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 ent with an address

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KARLA Reyrs 4/12/06