

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90279 031 \*\*\*158.75

**60027594**



04042006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # S63302</b> 1. Entity Name <b>R.L.S. PARTICIPATION, INC.</b>					
Principal Place of Business <b>801 BRICKELL BAY DRIVE BOX 19 MIAMI, FL 33131</b>			Mailing Address <b>801 BRICKELL BAY DRIVE BOX 19 MIAMI, FL 33131</b>		
2. Principal Place of Business <b>801 Brickell Bay Dr.</b>		3. Mailing Address <b>801 Brickell Bay Dr.</b>		4. FEI Number <b>65-0276285</b>  Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. <b>#367 Tower IV</b>		Suite, Apt. #, etc. <b>#367 Tower IV</b>			
City & State <b>Miami, Florida</b>		City & State <b>Miami, Florida</b>			
Zip <b>33131</b>	Country <b>USA</b>	Zip <b>33131</b>	Country <b>USA</b>		
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>ARRIARAN, CELIA M 1000 VENETIAN WAY #105 MIAMI BEACH, FL 33139</b>	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>ARRIARAN, CELIA M 100 VENETIAN WAY # 105 MIAMI, FL 33139</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>PRESIDENT</b> <span style="float: right;"><b>4/10/06</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					