


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 08:00 A
Secretary of State

DOCUMENT # P04000154169	
1. Entity Name SUNSET SCREEN CORP	

Principal Place of Business 9076 NW 114TH STREET HIALEAH GARDENS, FL 33018	Mailing Address 9076 NW 114TH STREET HIALEAH GARDENS, FL 33018
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DO NOT WRITE IN THIS SPACE



05092006 No Chg-P CR2E034 (11/05)

4. FEI Number 90-0211649	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RIVERA, GLADYS 9076 NW 114TH STREET HIALEAH GARDENS, FL 33018
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, GLADYS 9076 NW 114TH STREET HIALEAH GARDENS, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORENO, CINTHYA 9076 NW 114TH STREET HIALEAH GARDENS, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORENO, CHRISTIAN 9076 NW 114TH STREET HIALEAH GARDENS, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORENO, DANIEL 9076 NW 114TH STREET HIALEAH GARDENS, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORENO, INGRID 9076 NW 114TH STREET HIALEAH GARDENS, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000564118
05/20/06-80045-018 150.00

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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.

SIGNATURE:  05/10/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #