


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000034553
 1. Entity Name
NEW SUNSET PROPERTY CORP.



Principal Place of Business 9195 SUNSET DR SUITE 210 MIAMI, FL 33173-3488	Mailing Address 9195 SUNSET DR SUITE 210 MIAMI, FL 33173-3488
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DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FCI Number 65-0416514	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**LOMAN, JEFFREY M.D.
 9195 SUNSET DR
 SUITE 210
 MIAMI, FL 33173**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P LOMAN, JEFFREY A DR 9195 SUNSET DR SUITE 210 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY ST ZIP	VP MUINA, BARBARA M DR 9195 SUNSET DR SUITE 210 MIAMI, FL 33173
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U00000296011
 04/09/05-80050-016 8.75
 U00000296011
 04/09/05-80050-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *J. Loman* **4/04/2005** **305/271-9065**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #