

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000079545**  
 1. Corporation Name  
**SUNNY DAY SERVICES INC. (P-96000079545)**

Principal Place of Business Mailing Address  
**7929 NW 53rd st MIAMI FL 33172**      **7929 NW 53rd ST MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified  
**September 25<sup>th</sup> 1996**

2. Principal Place of Business 2a. Mailing Address  
 21 **7929 NW 53rd ST** 26  
 Suite, Apt # etc. Suite, Apt #, etc.  
 22 City & State 27 City & State  
 23 **MIAMI FL** 28  
 Zip Country Zip Country  
 24 **33172** 25 **U.S.A** 29

4. FEI Number Applied For  
**65-0696313** Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**SONIA Y RODRIGUEZ**  
**7929 NW 53rd ST**  
**MIAMI FL 33172**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  
 SIGNATURE **SONIA Y RODRIGUEZ (TREASURER/DIRECTOR)** *Sonia Rodriguez* 4/20/98  
Signature typed or printed name of registered agent or trustee if applicable (NOTE: Registered Agent signature required when re-instating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRESIDENT/DIRECTOR</b>	12 NAME	
STREET ADDRESS	<b>JOSE M DIAZ</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>621 SW 104th AVE</b>	14 CITY-ST-ZIP	
	<b>MIAMI FL 33172</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	22 NAME	
NAME	<b>VICE-PRESIDENT/DIRECTOR</b>	23 STREET ADDRESS	
STREET ADDRESS	<b>BEATRIZ DIAZ</b>	24 CITY-ST-ZIP	
CITY-ST-ZIP	<b>621 SW 104th AVE</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>MIAMI FL 33172</b>	32 NAME	
TITLE	<input type="checkbox"/> DELETE	33 STREET ADDRESS	
NAME	<b>SECRETARY/DIRECTOR</b>	34 CITY-ST-ZIP	
STREET ADDRESS	<b>NATASHA ALVAREZ</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<b>9591 FONTAINEBLEAU BLVD #204</b>	42 NAME	
	<b>MIAMI FL 33172</b>	43 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	44 CITY-ST-ZIP	
NAME	<b>TREASURER/ DIRECTOR</b>	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>SONIA .Y. RODRIGUEZ</b>	52 NAME	
CITY-ST-ZIP	<b>9591 FONTAINEBLEAU BLVD#204</b>	53 STREET ADDRESS	
	<b>MIAMI FL 33172</b>	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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14. 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 annual report of such person that annual 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 12 or Block 13 if changed upon an attachment with an address.

SIGNATURE: **NATASHA ALVAREZ (SECRETARY) DIRECTOR** *Natasha Alvarez* 4/20/98 305-477-0087  
Signature typed or printed name of signing officer or director

CR2E034 (10/97)