
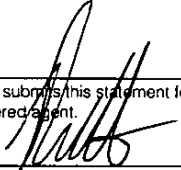
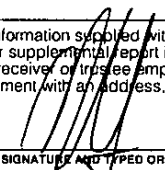


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90116 031 ***150.00

DOCUMENT # P02000059449					
1. Entity Name 6340 SUNSET CORP.					
Principal Place of Business 11000 NW 92 TERRACE MIAMI, FL 33178			Mailing Address 11000 NW 92 TERRACE MIAMI, FL 33178		
2. Principal Place of Business 6340 SUNSET ST.		3. Mailing Address 6340 SUNSET DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 01-0717750	
Zip 33143		Country		Applied For Not Applicable	
Zip 33143		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CABRERIZO, TOMAS 11000 NW 92 TERRACE MIAMI, FL 33178			7. Name and Address of New Registered Agent Name: Fieldstone, RONALD R. Street Address (P.O. Box Number is Not Acceptable): 301 ALHAMBRA CIRCLE STE 601 City: CORAL GABLES, FL Zip Code: 33134		
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: 4/28/05	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CABRERIZO, TOMAS 11000 NW 92 TERRACE MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	HON. SECRETARY Fieldstone, RONALD 301 ALHAMBRA CIRCLE STE 601 CORAL GABLES, FL 33134	<input checked="" 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 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: 			Date: 4/28/05 Daytime Phone #: 305.357.1001 RONALD R. FIELDSTONE SECRETARY		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					