2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000104196

Entity Name: SUNNY ISLES CONDO RENTALS, CORP.

Current Principal Place of Business:

20900 NE 30TH AVENUE

SUITE 200

AVENTURA, FL 33180

Current Mailing Address:

20900 NE 30TH AVENUE

SUITE 200

AVENTURA, FL 33180

FEI Number: 26-3781435 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREZ, SERGIO MANUEL 20900 NE 30TH AVENUE

SUITE 200

AVENTURA, FL 33180 US

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.

SIGNATURE: SERGIO MANUEL PEREZ 01/02/2020

> Date Electronic Signature of Registered Agent

> > Title

Officer/Director Detail:

Title Title VΡ

Name PEREZ, SERGIO MANUEL Name TORRES, MAURCIO OSCAR

20900 NE 30TH AVENUE SUITE 200 20900 NE 30TH AVENUE Address Address

SUITE 200 City-State-Zip: AVENTURA FL 33180

City-State-Zip: AVENTURA FL 33180

Title **SECRETARY**

OFFICER PEREZ, STELLA MARIS Name Name PEREZ, MATIAS NICOLAS

20900 NE 30TH AVENUE Address Address 20900 NE 30TH AVENUE SUITE 200

SUITE 200

City-State-Zip: AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180

Title **OFFICER** Title **OFFICER**

PEREZ, RUBEN NESTOR Name LOZANO, MARCELO Name 20900 NE 30TH AVENUE Address

20900 NE 30 AVE Address SUITE 200

SUITE 200 AVENTURA FL 33180

City-State-Zip: AVENTURA FL 33180

City-State-Zip:

Name

Title **OFFICER** ETEDGUI, GASTON

Address 20900 NE 30 AVE

SUITE 200

City-State-Zip: AVENTURA FL 33180

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

01/02/2020 SIGNATURE: SERGIO PEREZ PS

FILED Jan 02, 2020

Secretary of State

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