

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 07, 2004  
Secretary of State**

DOCUMENT# 744302

Entity Name: SUN-LIFE SERVICES, INCORPORATED

**Current Principal Place of Business:**

1860 NE 210 ST  
MIAMI, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

1860 NE 210 ST  
MIAMI, FL 33179

**New Mailing Address:**

FEI Number: 59-1854323      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GLASSER, GARY S.  
1860 N.E. 210 STREET  
N MIAMI BCH, FL 33179      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PDT ( ) Delete  
Name: GLASSER, GARY S.,  
Address: 1860 NE 210 STREET  
City-St-Zip: N MIAMI BCH, FL

Title: D ( ) Delete  
Name: GLASSER, LINDA,  
Address: 1860 N.E. 210 STREET  
City-St-Zip: N MIAMI BCH, FL 0,

Title: D ( ) Delete  
Name: GLASSER, STANLEY  
Address: 20379 W COUNTRY CLUB DR., #7132  
City-St-Zip: AVENTURA, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY S. GLASSER

PDT

01/07/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date