


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 744302 1. Entity Name SUN-LIFE SERVICES, INCORPORATED	
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Principal Place of Business 1860 NE 210 ST MIAMI, FL 33179	Mailing Address 1860 NE 210 ST MIAMI, FL 33179
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DO NOT WRITE IN THIS SPACE



04272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1854323	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GLASSER, GARY S. 1860 N.E. 210 STREET N MIAMI BCH, FL 33179

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IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT GLASSER, GARY S. 1860 NE 210 STREET N MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASSER, LINDA 1860 N.E. 210 STREET N MIAMI BCH, FL 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASSER, STANLEY 20379 W COUNTRY CLUB DR., #7132 AVENTURA, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000347293
04/30/05-80109-015 61.25

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IN THIS SPACE**

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 617, 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:  **Pres. (GARY S. Glasser, Pres)** 4/27/05 305-377,4187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #