

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744302

FILED
Apr 30, 2007
Secretary of State

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:

GARY S. GLASSER, P.A.
19 W. FLAGLER STREET
SUITE 1400
MIAMI, FL 33130 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 exemption stated in Chapter 119, 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

04/30/2007

Electronic Signature of Signing Officer or Director

Date