

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000006307

1. Entity Name
SUNNYSIDE INVESTMENTS OF ORLANDO, INC.



Principal Place of Business
**222 S. US HWY. ONE, SUITE 7
TEQUESTA, FL 33469**

Mailing Address
**C/O JGW, 300 S. ORANGE AVE.
SUITE 1000
ORLANDO, FL 32801**



03162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF ORLANDO
300 S. ORANGE AVE., STE 1000
ORLANDO, FL 32801**

**DO NOT WRITE
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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000523609
05/03/06-80078-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ING (ANTILLES) TRUST, N.V.
STREET ADDRESS	KAYA W.F.G. (JOMBI) MENSING 14, PO BOX 3895
CITY-ST-ZIP	CURACAO, NETH. ANTILLES,
TITLE	D
NAME	BAROOM, MOHAMED A
STREET ADDRESS	JEDDAH
CITY-ST-ZIP	SAUDI ARABIA 4030094320,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mohamed A. Baroom 3 April 2006

Date

Daytime Phone #

(407) 423-3200