

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # G05829

1. Entity Name
SUNNYLAND PROPERTIES, INC.



Principal Place of Business
**10265 SW 93RD TERR
MIAMI, FL 33176 US**

Mailing Address
**PO BOX 441836
MIAMI, FL 33144 US**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2229950

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BLUM, SAMUEL SPENCER ESQ.
2666 TIGERTAIL AVE
SUITE 106
MIAMI, FL 33133**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MUNIZ, EDUARDO 10265 S.W. 93 TERRACE MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MUNIZ, ISABEL M. 10265 S.W. 93 TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAIZ, ISABEL M 9750 SW 75TH ST MIAMI, FL
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**DO NOT WRITE
IN THIS SPACE**

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01/13/05-80001-008 150.00

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 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 AGING OFFICER OR DIRECTOR

1/10/05

(305) 595 4887

Date

Daytime Phone #