2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 24, 2008 08:00 Al **DOCUMENT # H13178 Secretary of State** 1. Entity Name SUNSET SOD, INC. Principal Place of Business Mailing Address 13100 SW 124TH AVE P 0 BOX 160744 MIAMI, FL 33186 US P.O. BOX 160744(33116) MIAMI, FL 33116 US No Chg-P CR2E034 (11/05) 02062008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2421961 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VILLAAMIL, ANTHONY, ESQ. DO NOT WRITE 1611 S.W. 32ND AVE. MIAMI. FL 33145 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PD HERNANDEZ, KATHLEEN NAME 9234 SW 112 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 TITLE U00000869416 04/09/08-80049-004 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS. 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. 3052532*0*01 SIGNATURE:

NTED NAME OF BIGNING OFFICER OR DIRECTOR

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