


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L58142	
1. Entity Name SUNSET INTERNATIONAL WEST, INC.	

Principal Place of Business C/O ROBERT I. WESSLER 2200 MUSEUM TWR., 150 W. FLAGLER ST. MIAMI, FL 33130	Mailing Address C/O ROBERT I. WESSLER 2200 MUSEUM TWR., 150 W. FLAGLER ST. MIAMI, FL 33130
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03312004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 59-3001852	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 WESSLER, ROBERT I. 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130

**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 _____
A 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, 2004 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	D BELTRAN, JOHN 7000 SW 97TH AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILTON, LAZARO 2700 SW 3RD AVENUE MIAMI, FL
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04/09/04-80001-022 150.00

**DO NOT WRITE
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)(f), 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:  **4/2/2004**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #