2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 25, 2009
Secretary of State

DOCUMENT# L72678

Entity Name: SUN PROPERTIES OF MIAMI, INC.

Current Principal Place of Business:

C/O ARMANDO MASSARD
5775 NORTHWEST 84TH AVENUE
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

C/O ARMANDO MASSARD
5775 NORTHWEST 84TH AVENUE
MIAMI, FL 33166

New Mailing Address:

FEI Number: 65-0188914 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASSARD, ARMANDO
5775 NORTHWEST 84TH AVENUE
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

MASSARD, ARMANDO
5775 NORTHWEST 84TH AVENUE
MIAMI, FL 33166 US

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: ARMANDO MASSARD 08/25/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: MASSARD, JAIME A
Address: 8558 GLENCAIRN LANE
City-St-Zip: MIAMI LAKES, FL 33016

Title: P ( ) Delete
Name: MASSARD, LUZ M
Address: 8558 GLENCAIRN LANE
City-St-Zip: MIAMI LAKES, FL

Title: S ( ) Delete
Name: MASSARD, ARMANDO
Address: 8558 GLENCAIRN LANE
City-St-Zip: MIAMI LAKES, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: MASSARD, LUZ M
Address: 8558 GLENCAIRN LANE
City-St-Zip: MIAMI LAKES, FL 33016 US

Title: TREA (X) Change ( ) Addition
Name: MASSARD, LUZ M
Address: 8558 GLENCAIRN LANE
City-St-Zip: MIAMI LAKES, FL 33016 US

Title: S (X) Change ( ) Addition
Name: MASSARD, ARMANDO
Address: 8558 GLENCAIRN LANE
City-St-Zip: MIAMI LAKES, FL 33016 US

Title: VP ( ) Change (X) Addition
Name: MASSARD, ARMANDO
Address: 8558 GLENCAIRN LANE
City-St-Zip: MIAMI LAKES, FL 33016 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMANDO MASSARD VP 08/25/2009
Electronic Signature of Signing Officer or Director Date