## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 23, 2005 8:00 am Secretary of State DOCUMENT # M83410 1. Entity Name 02-23-2005 90078 033 \*\*\*150.00 SUN STATE MANAGEMENT CORPORATION Principal Place of Business Mailing Address 2700 N 29 AVENUE 2700 N 29 AVENUE 50018418 HOLLYWOOD FL 33020 US HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address 4400 N. Federal 4400 N. Federal Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) ባዕ סר City & State City & State Applied For 4. FEI Number "Raton 65-0049934 Boca Raton, FL യാൾ. Not Applicable Country \$8.75 Additional US 5. Certificate of Status Desired us Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LHOTKA, JOSEPH W. Street Address (P.O. Box Number is Not Acceptable) 22564 CARAVELLE CIR **BOCA RATON FL 33433** City Zip Code 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 (NOTE Registered Agent signature required when leinstaling) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPT ☐ Addition TITLE TITLE ☐ Change Detete LHOTKA, JOSEPH W. NAME NAME 22564 CARAVELLE CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-ZIP ☐ Delete Change ☐ Addition LHOTKA, CLAIRE NAME 22564 CARAVELLE CIRCLE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 12. I hereby certify that the information supplied with this filling 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 an other like empowered.

IGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED