


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M89847</b> 1. Entity Name <b>SUN SWEEPING SERVICES, INC.</b>	
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Principal Place of Business <b>3806 NW 126TH AVE. CORAL SPRINGS, FL 33065</b>	Mailing Address <b>3806 NW 126TH AVE. CORAL SPRINGS, FL 33065</b>
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04072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0072608</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Recured</b>

6. Name and Address of Current Registered Agent

**GERARDI, ARMAND  
3806 NW 126TH AVE.  
CORAL SPRINGS, FL 33065**

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$650.00**

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 GERARDI, ARMAND 3806 N.W. 126 AVENUE CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GERARDI, VINCENT 3806 N.W. 126 AVENUE CORAL SPRINGS, FL
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05/04/05-80143-011 150.00

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: Vincent Gerardi **4-27-05** **954-341-8897**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #