


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M91318</b> 1. Entity Name <b>SUNREAL EQUITY GROUP, INC.</b>	
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Principal Place of Business <b>10505 SW 128TH TERRACE MIAMI, FL 33176 US</b>	Mailing Address <b>10505 SW 128TH TERRACE MIAMI, FL 33176 US</b>
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**DO NOT WRITE IN THIS SPACE**



08252004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0062791</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>SCHWIMMER, MARK 10505 SW 128TH TERRACE MIAMI, FL 33176</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U000000171127 08/30/04-80005-008 550.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SCHWIMMER, MARK 10505 SW 128TH TERRACE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ABRAMSON, PAUL 4680 STONE MANOR HEIGHTS COLORADO SPRINGS, CO 80906
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROSS, BARRY 1001 BRICKELL BAY DRIVE, 9TH FLOOR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

<b>SIGNATURE:</b> <u>Mark Schwimmer</u> <b>Mark Schwimmer</b>	<b>8/25/04</b>	<b>305 670-8010</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>