

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90269 049 \*\*\*\*61.25

<b>DOCUMENT # N04000008792</b> 1. Entity Name <b>SUNSET PROFESSIONAL PLAZA, A CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <del>7300 SW 93 Avenue</del> <del>MIAMI, FL 33173</del>		Mailing Address <del>7300 SW 93 Avenue</del> <del>MIAMI, FL 33173</del>	
2. Principal Place of Business 7300 SW 93 Avenue Suite, Apt. #, etc. 210 City & State Miami, Fl. Zip 33173 Country Miami-Dade		3. Mailing Address 7300 SW 93 Avenue Suite, Apt. #, etc. 210 City & State Miami, Fl. Zip 33173 Country Miami-Dade	
4. FEI Number 90-0197761		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 GIL, AUGUSTO J <del>7300 SW 93 Avenue</del> <del>MIAMI, FL 33173</del> 7300 SW 93 Avenue Ste. 210 Miami, Fl. 33173		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIL, AUGUSTO 7300 SW 93 Avenue <del>7300 SW 93 Avenue</del> <del>MIAMI, FL 33173</del> Ste. 210 MIAMI, FL 33173	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AMEIDA, RODNEY 7300 SW 93 Ave <del>7300 SW 93 Ave</del> <del>MIAMI, FL 33173</del> Ste. 210 MIAMI, FL 33173	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD GIL, JULIA 7300 SW 93 Avenue <del>7300 SW 93 Avenue</del> <del>MIAMI, FL 33173</del> Ste. 210 MIAMI, FL 33173	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 1/9/06 <small>Daytime Phone #</small>	