

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005019

FILED  
Jun 29, 2009  
Secretary of State

Entity Name: SUNNY FEST CORP

**Current Principal Place of Business:**

4745 NW 9 TH AVE  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

4745 NW 9 TH AVE  
POMPANO BEACH, FL 33064

**New Mailing Address:**

FEI Number: 26-2795425      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CHRISTINA, DEBORA B  
4745 NW 9 TH AVE  
POMPANO BEACH, FL 33064      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: CHRISTINA, DEBORA B  
Address: 4745 NW 9 TH AVE  
City-St-Zip: POMPANO BEACH, FL 33064

Title: VP      ( ) Delete  
Name: MCKEEVER, CARLA D  
Address: 3391 MERRICK COURT  
City-St-Zip: MARGATE, FL 33063

Title: S      ( ) Delete  
Name: PIMENTEL, ANDREI P  
Address: 3450 BLUE LAKE DR #402  
City-St-Zip: POMPANO BEACH, FL 33064

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: DEBORA B. CHRISTINA

P

06/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date