2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005258

City-St-Zip:

Entity Name: SUNPAPER EMPLOYEE BENEFIT PLANING

FILED May 29, 2009 Secretary of State

LINKY NAME: SONPAPER EMPLOTEE BENEFIT PLANTING				
Current P	rincipal Place of Business:	New Princ	New Principal Place of Business:	
7925 NW 1	12 STREET			
DORAL, FI	L 33126			
Current Mailing Address:		New Mailing Address:		
7925 NW 1 104 DORAL, FI	12 STREET			
FEI Number:		mber Not Appl the prior notic		
	Address of Current Registered Agent:		Address of New Registered Agent:	
RODRIQUEZ, RITA 7925 NW 12 STREET 104		RODRIGUEZ, RITA 7925 NW 12 STREET 104		
DORAL, FI	L 33126 US	DORAL, F	_ 33126 US	
	named entity submits this statement for the purpose of Florida.	of changing i	ts registered office or registered agent, or both,	
SIGNATURE: RITA RODRIGUEZ			05/29/2009	
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CD () Delete RODRIQUEZ, RITA 7925 NW 12 STREET 104 DORAL, FL 33126	Title: Name: Address: City-St-Zip:	TREA (X) Change () Addition RODRIGUEZ, RITA 7925 NW 12 STREET # 104 DORAL, FL 33126	
Title: Name: Address: City-St-Zip:	CD () Delete SALGADO, JOSE SR 7925 NW 12 STREET 104 DORAL, FL 33126	Title: Name: Address: City-St-Zip:	PRE (X) Change () Addition SALGADO, JOSE SR 7925 NW 12 STREET # 104 DORAL, FL 33126	
Title: Name: Address: City-St-Zip:	()Delete	Title: Name: Address: City-St-Zip:	SEC () Change (X) Addition SALGADO, JOSE JR 7925 NW 12 STREET # 104 DORAL, FL 33126	
Title: Name: Address: City-St-Zip:	()Delete	Title: Name: Address: City-St-Zip:	CD () Change (X) Addition SALGADO, CARLOS 7925 NW 12 STREET # 104 MIAMI, FL 33126	
Title: Name: Address:	() Delete	Title: Name: Address:	VP () Change (X) Addition GRACIELA, SALGADO 7925 NW 12 STREET # 104	

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.

City-St-Zip: MIAMI, FL 33126

SIGNATURE: RITA RODRIGUEZ TREA 05/29/2009