2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000001771

1. Entity Name
SUN BEAM COMMUNITY DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
3510 BISCAYNE BLVD. SUITE 200 MIAMI, FL 33137	3510 BISCAYNE BLVD. 200 MIAMI, FL 33137

01062005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0514712
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOGHADDAM, ANVAR B
12731 SW 119 STREET
MIAMI, FL 33185

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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 reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MOGHADDAM, ANVAR B
STREET ADDRESS	12731 SW 119 STREET
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	CMD
NAME	DIXON, MARY D
STREET ADDRESS	3510 BISCAYNE BLVD. STE. 200
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	VPD
NAME	CASTELLANOS, DIANA
STREET ADDRESS	3510 BISCAYNE BLVD. STE. 200
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	VP
NAME	BASHIRI, ADEL
STREET ADDRESS	3510 BISCAYNE BLVD. STE. 200
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	CD
NAME	KHATIBI, MOSHEN
STREET ADDRESS	3510 BISCAYNE BLVD. STE. 200
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	SVP
NAME	KAMBIZ, BASHIRI
STREET ADDRESS	3510 BISCAYNE BLVD., STE 200
CITY-ST-ZIP	MIAMI, FL 33137

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01/10/05-80083-013 61.25

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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 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.

SIGNATURE: _____ 1-8-05 (305) 576-3984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #