
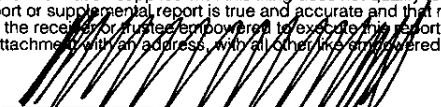


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90013 030 ****61.25

DOCUMENT # N99000005565 1. Entity Name RED SUNSET MERCHANTS ASSOCIATION OF SOUTH MIAMI, INC.					
Principal Place of Business 7103 S.W. 102 AVENUE #A MIAMI, FL 33173			Mailing Address 7103 S.W. 102 AVENUE #A MIAMI, FL 33173		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0987639	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WAKS, DEBORAH R ESQ. 7103 S.W. 102 AVENUE #A MIAMI, FL 33173				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SILVER, DAVID		NAME		
STREET ADDRESS	5744 SUNSET DRIVE		STREET ADDRESS		
CITY-ST-ZIP	S. MIAMI, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIBLEY, CURTIS		NAME		
STREET ADDRESS	5750 SUNSET DRIVE		STREET ADDRESS		
CITY-ST-ZIP	S. MIAMI, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POLLACK, TRUDY		NAME		
STREET ADDRESS	5822 SUNSET DRIVE		STREET ADDRESS		
CITY-ST-ZIP	S. MIAMI, FL		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OAKS, JOHNATHAN		NAME		
STREET ADDRESS	7216 RED ROAD		STREET ADDRESS		
CITY-ST-ZIP	S. MIAMI, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, LYDIA		NAME	Director White	
STREET ADDRESS	PO BOX 431832		STREET ADDRESS	506 SAVONA	
CITY-ST-ZIP	S. MIAMI, FL		CITY-ST-ZIP	Coral Gables FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABRIL, ALEX		NAME	President Alex Abril	
STREET ADDRESS	5841 SUNSET DRIVE		STREET ADDRESS	5841 Sunset Dr	
CITY-ST-ZIP	S. MIAMI, FL		CITY-ST-ZIP	S. M. Florida	
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: 			Date: 2/9/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					