


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90354 043 ***150.00

DOCUMENT # P00000023304	
1. Entity Name SUNNY VALLEY CORPORATION	

Principal Place of Business 781 CRANDON BLVD., STE. 606 KEY BISCAYNE, FL 33149	Mailing Address 781 CRANDON BLVD., STE. 606 KEY BISCAYNE, FL 33149
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2. Principal Place of Business 1385 CORAL WAY	3. Mailing Address 1385 CORAL WAY
Suite, Apt. #, etc. 407	Suite, Apt. #, etc. 407
City & State MIAMI FL	City & State MIAMI FL
Zip 33145	Zip 33145
Country	Country

	
04212004	Chg-P CR2E034 (10/03)
4. FEI Number 65-0992157	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 RYAN, JOSEPH B III 2701 S. BAYSHORE DRIVE SUITE 402 COCONUT GROVE, FL 33133	
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7. Name and Address of New Registered Agent Name CECILIA ARANA Street Address (P.O. Box Number is Not Acceptable) 1385 CORAL WAY SUITE 407 City MIAMI, FL Zip Code 33145	
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 <i>Cecilia Arana</i>	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE ARANA, CECILIA GALLO 781 CRANDON BLVD., STE. 606 KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1385 CORAL WAY, STE 407 MIAMI FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARANA, LEONEL 781 CRANDON BLVD., STE. 606 KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1385 CORAL WAY, STE 407 MIAMI, FL 33145
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
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 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 607, 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: <i>Cecilia Arana</i>	Date _____ Daytime Phone # _____