


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90022 035 ***150.00

DOCUMENT # P00000108679 1. Entity Name SUNNYSIDE APARTMENTS, INC.					
Principal Place of Business 720 SW 97TH COURT CIRCLE MIAMI, FL 33174			Mailing Address 720 SW 97TH COURT CIRCLE MIAMI, FL 33174		
2. Principal Place of Business 15001 N.E. 6th Avenue Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State North Miami Beach FL Zip 33161 Country Miami-Dade		City & State Zip Country		4. FEI Number 65-1058557	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03182004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent RAMON, ELVIS 720 SW 97TH COURT CIRCLE MIAMI, FL 33174			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS RAMON, ELVIS 720 SW 97TH COURT CIRCLE MIAMI, FL 33174 <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	VPT RAMON, SANDRA M 720 SW 97TH COURT CIRCLE MIAMI, FL 33174 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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: <u>Sandra M. Ramon, Sandra Ramon</u> 4/15/04 (305) 609-1591 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					