
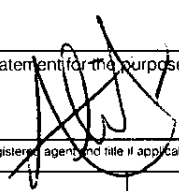
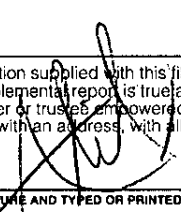


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90044 044 ***150.00

DOCUMENT # P01000044016 1. Entity Name SUNSET MORTGAGE & INVESTMENT CORP.					
Principal Place of Business 9485 SUNSET DR. A-265 MIAMI, FL 33173			Mailing Address 161 E 55 ST HIALEAH, FL 33013		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 14236 SW 158 PL Suite, Apt. #, etc.			
City & State 		City & State MIAMI FLORIDA		4. FEI Number 01-0562280	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARRIETA, ALAIN 161 EAST 55 ST. HIALEAH, FL 33013			7. Name and Address of New Registered Agent Name ALAIN ARRIETA Street Address (P.O. Box Number is Not Acceptable) 14236 SW 158 PL City MIAMI FL Zip Code 33196		
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 2/13/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	PD GARCIA, JORGE <input type="checkbox"/> Delete 15211 S.W. 144 ST MIAMI, FL 33196		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GARCIA, JORGE 14366 SW 158 PL MIAMI, FL 33196	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, KATHERINE <input type="checkbox"/> Delete 15211 S.W. 144 ST MIAMI, FL 33196		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GARCIA, KATHERINE 14366 SW 158 PL MIAMI, FL 33196	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ARRIETA, ALAIN <input type="checkbox"/> Delete 161 EAST 55 ST. HIALEAH, FL 33013		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ARRIETA, ALAIN 14236 SW 158 PL MIAMI, FL 33196	
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: 			Date 2/13/04 Daytime Phone # (305) 270-6161		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					