## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 19, 2006 8:00 am Secretary of State **DOCUMENT # P01000044016** 04-19-2006 90102 003 \*\*\*150 00 SUNSET MORTGAGE & INVESTMENT CORP. Principal Place of Business Mailing Address 9485 SUNSET DR. 14236 SW 15B PL MIAMI, FL 33196 A-270 MIAMI, FL 33173 2. Principal Place of Business 3. Mailing Address 158 Pl <u>14236 SW</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 04052006 CR2E034 (11/05) Chg-P 4. FEI Number Applied For City & State City & State FI Mami 01-0562280 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ )5A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARRIETA, ALAIN Street Address (P.O. Box Number is Not Acceptable) 14236 SW 158 PL MIAMI, FL 33196 Zip Code FL 8. The above named entity submits the 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 Signature, typed or printe gistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD Change Addition TITLE ☐ Defete TITLE GARCIA, JORGE NAME NAME STREET ADDRESS STREET ADDRESS 14366 SW 158 PL CITY-ST-ZIP MIAMI, FL 33196 City-St-7IP ☐ Delete TITLE Change ☐ Addition TITLE Arrieta Alain 14236 SW 158 PL ARRIETA, ALAIN NAME 14236 SW 185 PL STREET ADDRESS STREET ADDRESS MIAMI, FL 33196 CITY-ST-ZIP Miami F1 33196 CITY-ST-ZIP Change D ☐ Delete TITLE Addition Arrieta, Alain 14236 SW 158 PC ALAIN, ARRIETA NAME NAME 114236 SW 15B PL STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI, FL 33196 CITY-ST-ZIP Miami F1 33196 ☐ Delete TITE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is the 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 of 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.

FILED