

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91501 048 ***150.00

DOCUMENT # P01000049554 1. Entity Name SUNSET DRIVE, INC.			
Principal Place of Business C/O ANNA RENIER 1971-1985 BAY DRIVE W MIAMI BEACH, FL 33141 US		Mailing Address C/O ANNA RENIER P.O. BOX 402541 MIAMI BEACH, FL 33140 US	
2. Principal Place of Business 1971-1985 BAY DRW Suite, Apt. #, etc.		3. Mailing Address P.O. Box 402541 Suite, Apt. #, etc.	
City & State MIAMI BEACH, FL Zip 33141 Country DADE		City & State MIAMI BEACH, FL Zip 33141 Country DADE	
4. FEI Number 65-1108299		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 HOWARD, EUGENE J. 1111 LINCOLN ROAD SUITE 400 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name HOWARD, EUGENE J. Street Address (P.O. Box Number is Not Acceptable) 1111 LINCOLN RD. SUITE 400 City MIAMI BEACH FL Zip Code 33139	
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 resigning.)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		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	P RENIER, ANNA P.O. BOX 402541 MIAMI BEACH, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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
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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>Anna Renier</u> ANNA RENIER <u>4/24/03</u> <u>(305) 968-3807</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E034 (10/02)