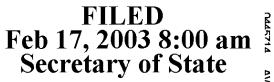
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT



1. Entity Name A&B SUNSET, INC.								02-17-2003 9025			
Principal Place of Business 18440 LIVINGSTON AVE LUTZ FL 33549				Mailing Address 18440 LIVINGSTON AVE LUTZ FL 33549				**		. IIHI 	
Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc.				Suite, Apt. #, etc.							
								☐ CHECK HERE IF MAKING CHANGES			
City & State				City & State				4. FEI Number 57-3725521		pplied For lot Applicable	
Zip Country			Zip	Zip Count			<u> </u>	5. Certificate of Status Desired	\$8.75 Ad	iditional ed	
	6. Name	and Address of C	urrent Registere	d Agent				7. Name and Address of New Registe			
FOLALII AZALIKIAZ						Name					
eslahi, mahnaz 3303 North Lakeview Dr,						Street Add	ress (P.C	s (P.O. Box Number is Not Acceptable)			
TAMPA FL		-11 Dii,						•			
						City		· · · · · · · · · · · · · · · · · · ·	FL Zip Coo	de	
8. The above	named entity	قة Submits this stater	ment for the purp	ose of changing its	s register	 ed office or rei	aistered	agent, or both, in the State of Florida. I		and accept	
the obligat	ions of regist	ered agent.	10				9.2.0.0.		and the state of t	, and doopt	
SIGNATURE		MZCS	lalo"			ef .		2-1	4-03		
- · · · · · · · · · · · · · · · · · · ·	1,000	or printed name of register		licable. (NOT	E: Registere	d Agent signature r	equired wh	en reinstating) D/	ATE		
After	r May 1, 200	! FEE IS \$150.0 3-Fee will be \$5 Florida Departn	50.00					Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
10.		OFFICER	S AND DIRECTO	RS	11.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 11	
	PRES	ACLANE		☐ Delete	TITL				☐ Change	☐ Addition	
	MANNAZ, ASLANE DDRESS 3303 N LACOUR AVE			NA STI		ET ADDRESS					
CITY-ST-ZIP	TAMPA FL					-ST-ZIP					
TITLE				, 🔲 Delete	TITLI				Change	☐ Addition	
NAME STREET ADDRESS					NAM	E ET ADDRESS				}	
CITY-ST-ZIP						-ST-ZIP					
TITLE				☐ Delete	TITLE				☐ Change	Addition	
NAME					NAM						
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST- ZIP					
TITLE				☐ Delete	TITLE			·	☐ Change	Addition	
NAME					NAM	E			_ •		
STREET ADDRESS CITY-ST-ZIP						et address -St-Zip					
TITLE				☐ Delete	TITLE				☐ Change	☐ Addition	
NAME				L Delete	NAM	I			change		
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP					_	-ST-ZIP					
TITLE				☐ Delete	TITLE	I .			☐ Change	☐ Addition	
NAME Street Address					NAMI STRE	ET ADDRESS					
CITY-ST-ZIP						-ST-ZIP					
4.5											

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: ≥

MICHAELEZ REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR