


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90051 027 ***150.00

DOCUMENT # P02000001753	
1. Entity Name SUNSET REAL ESTATE SERVICES, CORP.	

Principal Place of Business 161 EAST 55TH STREET HIALEAH, FL 33013	Mailing Address 161 EAST 55TH STREET HIALEAH, FL 33013
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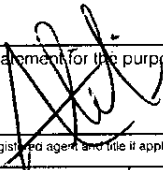
2. Principal Place of Business 9485 Sunset Dr.	3. Mailing Address 14236 SW 158 PL
Suite, Apt. #, etc. A-265	Suite, Apt. #, etc.
City & State MIAMI FLA	City & State MIAMI FLORIDA
Zip 33193	Country USA



02132004 Chg-P CR2E034 (10/03)

4. FEI Number 01-0562311	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 ARRIETA, ALAIN 161 EAST 55TH STREET 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.

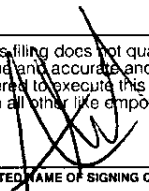
SIGNATURE  DATE **2/13/04**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, JORGE 15211 SW 144TH ST MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Garcia, Jorge 14366 SW 158 PL Miami, FL 33196 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARCIA, KATHERINE 15211 SW 144TH ST MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Garcia, Katherine 14366 SW 158 PL Miami, FL 33196 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ARRIETA, ALAIN 161 EAST 55TH ST HIALEAH, FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Arrieta, ALAIN 14236 SW 158 PL Miami, FL 33196 <input checked="" 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
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR