

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90030 006 ***150.00

DOCUMENT # P02000001753

1. Entity Name
SUNSET REAL ESTATE SERVICES, CORP.



Principal Place of Business

**9485 SUNSET DR.
A-270
MIAMI, FL 33173**

Mailing Address

**9485 SUNSET DR.
A-270
MIAMI, FL 33173**

40043361



DO NOT WRITE IN THIS SPACE

02222008 No Chg-P CR2E034 (11/05)

4. FEI Number
01-0562311

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ARRIETA, ALAIN
9485 SUNSET DR. A-270
MIAMI, FL 33173**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GARCIA, JORGE
STREET ADDRESS 9485 SUNSET DR. A-270
CITY-ST-ZIP MIAMI, FL 33173

TITLE VD
NAME GARCIA, KATHERINE
STREET ADDRESS 9485 SUNSET DR A 270
CITY-ST-ZIP MIAMI, FL 33173

TITLE CEO
NAME ARRIETA, ALAIN
STREET ADDRESS 9485 SUNSET DR A 270
CITY-ST-ZIP MIAMI, FL 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/08

Date

305-270-3303

Daytime Phone #