
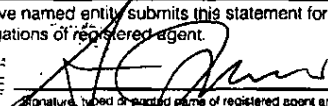
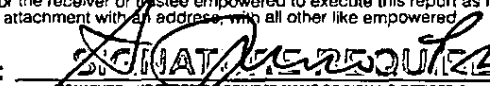


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/2

**FILED**  
**Apr 04, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90115 024 \*\*\*150.00

<b>DOCUMENT # P02000036598</b>					
1. Entity Name <b>SUNNY ISLES BEACH HOLDING CORP.</b>					
Principal Place of Business <b>56 RIVERS EDGE LANE PALM COAST FL 32137</b>			Mailing Address <b>56 RIVERS EDGE LANE PALM COAST FL 32137</b>		
2. Principal Place of Business <b>16445 Collins Ave.</b>			3. Mailing Address <b>16445 Collins Ave.</b>		
Suite, Apt. #, etc. <b>Apt. 1122</b>			Suite, Apt. #, etc. <b>Apt. 1122</b>		
City & State <b>Sunny Isles Beach, FL</b>			City & State <b>Sunny Isles Beach, FL</b>		
Zip <b>33160</b>	Country <b>Dade</b>	Zip <b>33160</b>	Country <b>Dade</b>	4. FEI Number <b>043655986</b>	
				<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CHIUMENTO, MICHAEL D ESQ. 4 OLD KINGS ROAD NORTH SUITE B PALM COAST FL 32137</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 7. Name and Address of New Registered Agent Name <b>Fusco, Alexander</b> Street Address (P.O. Box Number is Not Acceptable) <b>16445 Collins Ave. Apt. 1122</b> <b>Sunny Isles Beach</b> City <b>Sunny Isles Beach</b> <b>FL</b> Zip Code <b>33160</b>	
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: <b>4/1/03</b> <small>(Signature, typed or stamped name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D REYES, PATRICIA 56 RIVERS EDGE LANE PALM COAST FL 32137</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Fusco, Alexander 16445 Collins Ave. Apt. 1122 Sunny Isles Beach, FL 33160</b>	<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
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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:  <b>4/1/03 305 947-4746</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>Alexander Fusco, President</b>					

CR2E034 (10/02)