2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2004 8:00 am
Secretary of State
06-15-2004 90001 021 ***150.00

54057430

DOCUMENT # P02000042539

1. Entity Name
PC'S@SUNSET, INC.

Principal Place of Business	Mailing Address
6290 S.W. 29TH STREET MIAMI, FL 33155	6290 S.W. 29TH STREET MIAMI, FL 33155

05302004 -- No Chg-P -- CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0615065
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RICHARD J. CALDWELL, P.A.
2600 DOUGLAS ROAD STE 1108
CORAL GABLES, FL 33134

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 _____ DATE
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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	CONSUEGRA, JOSEPH M
STREET ADDRESS	6290 S.W. 29TH STREET
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	S
NAME	CONSUEGRA, SYLVIA
STREET ADDRESS	6290 S 29TH ST
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: _____ 5-30-2004 (305)776-1424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #