

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000042539

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



Principal Place of Business
6290 SW 29TH ST
MIAMI, FL 33155 US

Mailing Address
6290 SW 29TH ST
MIAMI, FL 33155 US

pd 8/26/08
FILED 563
Aug 29, 2008 08:00 AM
Secretary of State



08272008 No Chg-P CR2E034 (11/05)

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 _____

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
Due by September 12, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	DPT CONSUEGRA, JOSEPH M 6290 SW 29TH ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONSUEGRA, SYLVIA 6290 SW 29TH ST MIAMI, FL 33155
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U00000958613
08/29/08-80003-021 150.00

**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

8/25/08 DPT
Date Daytime Phone