## 2004 FOR PROFIT CORPORATION

## Apr 29, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P02000059449** 1. Entity Name 6340 SUNSET CORP. Mailing Address Principal Place of Business 11000 NW 92 TERRACE 11000 NW 92 TERRACE MIAMI, FL 33178 MIAMI, FL 33178 04232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 01-0717750 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CABRERIZO, TOMAS DO NOT WRITE 11000 NW 92 TERRACE MIAMI, FL 33178 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CABRERIZO, TOMAS 11000 NW 92 TERRACE STREET ADDRESS UN0000140142 04/29/04-80151-002 150.00 CITY+ST-ZIP MIAMI, FL 33178 TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-\$1-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS

> RE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR SKINATI

04/28/04 BOV-777- 0227

Date

Daytime Phone #

FILED