

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000065896

1. Entity Name
SUNWOOD DEVELOPMENT, INC.



Principal Place of Business
9095 SW 87 AVE STE 777
MIAMI, FL 33176

Mailing Address
9095 SW 87 AVE STE 777
MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

FILED
08 MAR -7 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number
38-3652560

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, JAMES R
9095 SW 87 AVE STE 777
MIAMI, FL 33176

**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 fee 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	D
NAME	MITCHELL, JAMES R
STREET ADDRESS	9095 SW 87 AVE STE 777
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400121232424
03/25/08--01045--003 **288.75

**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

James R. Mitchell 3/10/08
305-270-0870