

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90171 005 \*\*\*150.00

**DOCUMENT #** P02000 106131

**1. Entity Name**

SUNSET DISTRIBUTION CORP



**DO NOT WRITE IN THIS SPACE**

24071696

**2. Principal Place of Business**

5295 NW 161 St.

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

MIAMI FL

**City & State**

**4. FEI Number**

371444683

**Applied For**

**Not Applicable**

**Zip**

33014

**Country**

MIAMI-DADE

**Zip**

**Country**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

VAZQUEZ HECTOR

**Street Address (P.O. Box Number is Not Acceptable)**

900 West 49 St. Suite 505

**City**

MIAMI

**FL**

**Zip Code**

33012

**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, applicable.

(NOTE: Registered Agent signature required when reinstating)

04/28/04

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<u>PD</u>	<b>TITLE</b>	
<b>NAME</b>	<u>DEL SOL, HECTOR</u>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<u>5295 NW 161 ST MIAMI FL 33014</u>	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<u>VD</u>	<b>TITLE</b>	
<b>NAME</b>	<u>GESEN, JORGE</u>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<u>5295 NW 161 ST MIAMI FL 33014</u>	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
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<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/04 305 621 0902

Daytime Phone