


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90056 048 \*\*\*150.00

<b>DOCUMENT # P03000044366</b> 1. Entity Name <b>SUNNY PROPERTIES OF SOUTH FLORIDA, INC.</b>					
Principal Place of Business <b>656 FERN ST W PALM BEACH, FL 33401-5712</b>			Mailing Address <b>656 FERN ST W PALM BEACH, FL 33401-5712</b>		
2. Principal Place of Business <b>14 ROYAL PALM WAY</b>		3. Mailing Address <b>P O Box 611972</b>			
Suite, Apt. #, etc. <b>Apt 105</b>		Suite, Apt. #, etc. 			
City & State <b>BOCA RATON FL</b>		City & State <b>POMPANO BEACH FL</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>33432</b>		Country <b>PALM BEACH</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33061</b>		Country <b>BROWARD</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MAZZARO, J 656 FERN ST W PALM BEACH, FL 33401-5712</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>14 ROYAL PALM WAY Apt 105</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33432</b>		
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 <u><i>James J. Mazzone</i></u> DATE <u>4/11/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MAZZARO, J 656 FERN ST W PALM BEACH, FL 334015712</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>James J. Mazzone</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/11/05</u> <u>954-298-6737</u> <small>Date Daytime Phone #</small>		