


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-13-2005 90056 048 ***150.00

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