


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90018 004 ***150.00

DOCUMENT # P03000044366

1. Entity Name
SUNNY PROPERTIES OF SOUTH FLORIDA, INC.



Principal Place of Business
**14 ROYAL PALM WAY
 APT 105
 BOCA RATON, FL 33432**

Mailing Address
**P.O. BOX 611972
 POMPANO BEACH, FL 33061**

2. Principal Place of Business
917 NW 18 AVE
 Suite, Apt. #, etc.

3. Mailing Address
917 NW 18 AVE
 Suite, Apt. #, etc.

City & State
BOCA RATON FL

City & State
BOCA RATON FL

Zip
33486 Country
PALM BEACH

Zip
33486 Country
PALM BEACH

6. Name and Address of Current Registered Agent

**MAZZARO, J
 14 ROYAL PALM WAY, APT 105
 BOCA RATON, FL 33432**



04042006 Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
917 NW 18 AVE

City **BOCA RATON** FL Zip Code **33486**

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: *James T. Mazzaro Jr* **JAMES T. MAZZARO JR (PRESIDENT)** ^{Director} **4/4/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 917 NW 18 AVE BOCA RATON FL 33486
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 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: *James T. Mazzaro* **JAMES T. MAZZARO** **4/4/06** **561-368-0577**
Signature and typed or printed name of signing officer or director Date Daytime Phone #