

2005 FOR PROFIT CORPORATION ANNUAL REPORT 11652-1


FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90041 040 ***150.00

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01112005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000003008					
1. Entity Name SUNNY ISLES PROPERTY INVESTMENT, INC.					
Principal Place of Business 1000 CORPORATE DRIVE, SUITE 310 FORT LAUDERDALE, FL 33334			Mailing Address 1000 CORPORATE DRIVE, SUITE 310 FORT LAUDERDALE, FL 33334		
2. Principal Place of Business (same as above)			3. Mailing Address (same as above)		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-0618954	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA FILING & SEARCH SERVICES, INC. 1333 NORTH DUVAL TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRENER, LEON		NAME		
STREET ADDRESS	9401 WILSHIRE BOULEVARD, SUITE 900		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS, CA 90212		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENMAN-LAUFER, PETER		NAME		
STREET ADDRESS	9401 WILSHIRE BOULEVARD, SUITE 900		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS, CA 90212		CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENMAN-LAUFER, PETER		NAME		
STREET ADDRESS	9401 WILSHIRE BOULEVARD, SUITE 900		STREET ADDRESS		
CITY-ST-ZIP	BEVERLY HILLS, CA 90212		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 reports 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: _____			Peter-Henman-Laufer/CFO & Director 1/14/2005		
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		