

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

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**FILED**

2009 DEC -7 P 4: 24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P040000 99471**

1. Entity Name  
**SUNSET DRIVING SERVICES CORP.**



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2. Principal Place of Business - No P.O. Box #  
**7575 KINGSPONTE PKWY**  
Suite, Apt. #, etc. **9**

3. Mailing Address  
**7575 KINGSPONTE PKWY**  
Suite, Apt. #, etc. **9**

CR2E034B (11/08)

City & State **ORLANDO FL** City & State **ORLANDO FL** 4. FEI Number **02-0727625** Applied For  
Not Applicable

Zip **32819** Country **USA** Zip **32819** Country **USA** 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

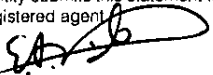
Name **EDEGAR A. PINTO**

Street Address (P.O. Box Number is Not Acceptable)  
**7575 KINGSPONTE PKWY STE. 9**

**0**

City **ORLANDO** FL Zip Code **32819**

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  DATE **12/01/09**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended AR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May be Added to Fees **100163424521**  
**12/08/09--01002--018 \*\*150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT, DIRECTOR EDEGAR A. PINTO 7575 KINGSPONTE PKWY STE. 9 ORLANDO FL 32819</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other information empowered.

SIGNATURE:  DATE **12/01/09** 407-351-1370  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #