

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90026 003 ***150.00

DOCUMENT # P04000147628

1. Entity Name

SUNSTATE BUILDERS OF S. FLA., INC.



Principal Place of Business

16375 NE 18 AVENUE
SUITE #324
NORTH MIAMI BEACH FL 33162
US

Mailing Address

301-189 STREET
SUNNY ISLES FL 33160
US



2. Principal Place of Business - No P.O. Box #

301-189 Street

Suite, Apt. #, etc.

Sunny Isles Fl.

City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

1st MOORE

CR2E034 (10/07)

Zip

33160

Country

U.S.A.

Zip

Country

4. FEI Number 20-1801905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, JOSE S
16375 NE 18TH AVENUE
#324
MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name

Ortiz Jose Steven

Street Address (P.O. Box Number is Not Acceptable)

301-189 Street

City

Sunny Isles

FL

Zip Code

33160

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

Signature, typed or printed name of registered agent and title. (Indicate date.)

(NOTE: Registered Agent signature required when removing agent.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ORTIZ, JOSE S
STREET ADDRESS 16375 NE 18TH AVE., #324
CITY-ST-ZIP MIAMI BEACH FL 33162

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-21-08

Date

Digitized From #