


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

02-18-2005 90063 017 ***150.00

DOCUMENT # P04000156052	
1. Entity Name SUNNY FLORIDA HOMES CORPORATION	

Principal Place of Business 8639 N. HIMES AVENUE #3209 TAMPA FL 33684	Mailing Address 8639 N. HIMES AVENUE #3209 TAMPA FL 33684
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-2602448	Applied For <input 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		7. Name and Address of New Registered Agent	
MIGLIANTI, CARMEN M. 8639 N. HIMES AVENUE #3209 TAMPA FL 33684		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 amending) **DATE** _____

FILE NOW!!! FEE IS: \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	<i>Paid with check # 2918 2/14/05</i>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME MIGLIANTI, CARMEN M STREET ADDRESS 8639 N. HIMES AVENUE #3209 CITY-ST-ZIP TAMPA FL 33684	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME MIGLIANTI, CHARLES G STREET ADDRESS 8639 N. HIMES AVENUE #3209 CITY-ST-ZIP TAMPA FL 33684	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME MENDEZ DEL CUETO, DAVID V STREET ADDRESS 8639 N. HIMES AVENUE #3209 CITY-ST-ZIP TAMPA FL 33684	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME MENDEZ DEL CUETO, DANIELA STREET ADDRESS 8639 N. HIMES AVENUE #3209 CITY-ST-ZIP TAMPA FL 33684	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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 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: *Carmen Miglianti* **DATE:** 2/14/05 **DAYTIME PHONE #:** (813) 931-8884