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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

07 JUL -2 AM 8:13

DOCUMENT # P05000047951					
1. Entity Name SUN INVESTMENTS & REAL ESTATE CORP.					
Principal Place of Business 1980 S OCEAN DR. #5M HALLANDALE, FL 33009			Mailing Address 1980 S OCEAN DR. #5M HALLANDALE, FL 33009		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Subb. Apt. #, etc.			Subb. Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-2604009	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONGEOTTI, ANDRES 1980 S OCEAN DR. #5M HALLANDALE, FL 33009			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MONGEOTTI, ANDRES ☐ Delete 1980 S OCEAN DR. HALLANDALE, FL 33009				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD GARCIA, RENE ☐ Delete 1980 S OCEAN DR. HALLANDALE, FL 33009				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD OLLET, ROBERTO ☒ Delete 1980 S OCEAN DR. HALLANDALE, FL 33009				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☒ Change ☒ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 fee empowered.					
SIGNATURE: 3/2/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR					