## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P05000055246



**FILED** Apr 14, 2008 8:00 am Secretary of State

04-14-2008 90047 014 \*\*\*150.00

SUNSET LAND, INC									
Principal Place of Business 5438 SW 195TH TERR MIRAMAR, FL 33029		Mailing Address 5438 SW 195TH TERR MIRAMAR, FL 33029		1   <b>781  8</b>	40067913				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02152008	Chg-P	CR2E0	34 (12/06)		
City & State		City & State		4. FEI Numbe 20-429				oplied For of Applicable	
Zip	Country	Zip	Country		of Status Desired		\$8.75 Add	ditional	
	6. Name and Address of Current	t Registered Agent		7. Name and	Address of New				
ZABLAH, ENRIQUE			Name						
5438 SW 195TH TERR MIRAMAR, FL 33029			Street Addres	ss (P.O. Box Numb	er is Not Acceptab	ole)			
	,		City				Zip Cod		
						FL	<u> </u>		
	<ul> <li>named entity submits this statement f tions of registered agent.</li> </ul>	or the purpose of changing its re	gistered office or regis	stered agent, or bo	th, in the State of F	lorida, Lam I	amiliar with,	and accept	
0.0									
SIGNATURE.	Signature, typed or printed name of registered agen	Land title if applicable. (NOTE F	legisterna Agant signature roqu	wed when reinstating)		FIATE			
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaign	r Financing \$	5.00 May Be					
After M	ay 1, 2008 Fee will be \$550	.00 Trust Fund Contrib	oution.   A	Added to Fees					
10.	OFFICERS AND	- <del></del>	11.	ADDITIONS/	CHANGES TO OF	FICERS AND			
TITLE	PSD ZABLAH, ENRIQUE	Delete	TELLE NAME				☐ Change	Addition	
STREET ADDRESS	5438 SW 195TH TERR		STREET ADDRESS						
CITY-ST-ZIP	MIRAMAR, FL 33029		CITY-ST-ZIP						
TITLE	D	☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS	ZABLAH-KAFATI, PAOLA 5438 SW 195TH TERR		NAME STREET ADDRESS						
CITY-ST-ZIP	MIRAMAR, FL 33029		CITY · ST - 71P						
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME			NAME					-	
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS CITY+ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME		Li Delete	NAME				Change	L. Modition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Detete	HTLE				Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
12 J horoby	certify that the information surrolled will	th this Ellion slope pat quality for I	the examptions coulsis	ned in Chapter 119	Florida Statutos	I further cost	furthal tha is	otormation	

indicated on this report or supplied with rins riting does not quality 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 it made under oath; that I am an officer or director of the corporation or the receiver or trustee exposured to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an accurate min all others like empowered.

SIGNATURE:

GLAIGUE ZACLAN PRESIDEL! SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR