


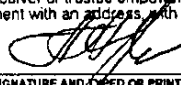
2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL
05-01-2006 90333 021 ***150.00
FILED P05000096285

06 JUL -5 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

25C

DOCUMENT # P05000096285					
1. Entity Name SUNNY ISLES PROPERTY MANAGEMENT, INC.					
Principal Place of Business 3687 N. E. 195 TERRACE AVENTURA, FL 33180			Mailing Address 3687 N. E. 195 TERRACE AVENTURA, FL 33180		
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 20-3127980	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent AYZEN, ALEXANDER 3687 N. E. 195 TERRACE AVENTURA, FL 33180				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AYZEN, ALEXANDER		NAME		
STREET ADDRESS	3687 N. E. 195 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP		
TITLE	VP/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEMIROVSKY, FILIX		NAME		
STREET ADDRESS	2544 MIL AVENUE		STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN, NY 11234		CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARBER, SOFIA		NAME		
STREET ADDRESS	2928 WEST 5 STREET #9E		STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN, NY 11224		CITY-ST-ZIP		
TITLE	T/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TELYA, VITALY		NAME		
STREET ADDRESS	2736 EAST 63 STREET		STREET ADDRESS		
CITY-ST-ZIP	BROOKLYN, NY 11234		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE:  - ALEXANDER AYZEN			4/27/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

Document corrected per Alexander Ayzén. 25C