

**2007 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000096285

1. Entity Name

SUNNY ISLES PROPERTY MANAGEMENT, INC.



Principal Place of Business

3687 N. E. 195 TERRACE  
AVENTURA, FL 33180 US

Mailing Address

3687 N. E. 195 TERRACE  
AVENTURA, FL 33180 US

**DO NOT WRITE IN THIS SPACE**

**FILED**

2007 SEP 17 PM 4:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09102007 No Chg-P CR2E034 (11/05)

4. FEI Number

20-3127980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

AYZEN, ALEXANDER  
3687 N. E. 195 TERRACE  
AVENTURA, FL 33180

**DO NOT WRITE  
IN THIS SPACE**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME AYZEN, ALEXANDER  
STREET ADDRESS 3687 N. E. 195 TERRACE  
CITY-ST-ZIP AVENTURA, FL 33180

TITLE VD  
NAME NEMIROVSKY, FILIX  
STREET ADDRESS 2544 MIL AVENUE  
CITY-ST-ZIP BROOKLYN, NY 11234

TITLE SD  
NAME GARBER, SOFIA  
STREET ADDRESS 2928 WEST 5 STREET #9E  
CITY-ST-ZIP BROOKLYN, NY 11224

TITLE TD  
NAME TELYA, VITALY  
STREET ADDRESS 2736 EAST 63 STREET  
CITY-ST-ZIP BROOKLYN, NY 11234

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

800109522188  
09/17/07--01045--014 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-07

Date

Daytime Phone #