

**2008 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

FILED
Aug 25, 2008 08:00 AM
Secretary of State



07112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

U000000958389
08/25/08-80007-007 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

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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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/11/08