

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000096285

FILED
Apr 03, 2009
Secretary of State

Entity Name: SUNNY ISLES PROPERTY MANAGEMENT, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-3127980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AYZEN, ALEXANDER
Address: 3687 N. E. 195 TERRACE
City-St-Zip: AVENTURA, FL 33180 US

Title: VD () Delete
Name: NEMIROVSKY, FILIX
Address: 2544 MIL AVENUE
City-St-Zip: BROOKLYN, NY 11234 US

Title: SD () Delete
Name: GARBER, SOFIA
Address: 2928 WEST 5 STREET #9E
City-St-Zip: BROOKLYN, NY 11224 US

Title: TD () Delete
Name: TELYA, VITALY
Address: 2736 EAST 63 STREET
City-St-Zip: BROOKLYN, NY 11234 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AA

PD

04/03/2009

Electronic Signature of Signing Officer or Director

Date