

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000105587

FILED
Apr 04, 2007
Secretary of State

Entity Name: SUNSET CELL SOLUTION, INC.

Current Principal Place of Business:

6854 SW 114 PLACE
UNIT B
MIAMI, FL 33173

New Principal Place of Business:

10813 NW 29 STREET
MIAMI, FL 33172

Current Mailing Address:

6854 SW 114 PLACE
UNIT B
MIAMI, FL 33173

New Mailing Address:

10813 NW 29 STREET
MIAMI, FL 33172

FEI Number: 20-3254691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSORIO, FABIO
6854 SW 114 PLACE
UNIT B
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

OSORIO, FABIO
10813 NW 29 STREET
MIAMI, FL 33172 US

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:

04/04/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OSORIO, FABIO
Address: 6854 SW 114 PLACE UNIT B
City-St-Zip: MIAMI, FL 33173

Title: VP () Delete
Name: ALZATE, ROBERTO C
Address: 6854 SW 114 PLACE UNIT B
City-St-Zip: MIAMI, FL 33173

Title: TR () Delete
Name: OSORIO, PAULA A
Address: 6854 S.W 114TH PL UNIT B
City-St-Zip: MIAMI, FL 33173

Title: SEC () Delete
Name: BETANCUR, BERLAY
Address: 6854 S.W 114TH PL UNIT B
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OSORIO, FABIO
Address: 10813 NW 29 STREET
City-St-Zip: MIAMI, FL 33172

Title: VP (X) Change () Addition
Name: ALZATE, ROBERTO C
Address: 10813 NW 29 STREET
City-St-Zip: MIAMI, FL 33172

Title: TR (X) Change () Addition
Name: OSORIO, PAULA A
Address: 10812 NW 29 STREET
City-St-Zip: MIAMI, FL 33172

Title: SEC (X) Change () Addition
Name: BETANCUR, BERLAY
Address: 10812 NW 29 STREET
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the 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: FABIO OSORIO

P

04/04/2007

Electronic Signature of Signing Officer or Director

Date