

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90049 025 ***150.00

DOCUMENT # P05000124119

1. Entity Name
SUNDOWN'S SPORTS GRILL, INC.



Principal Place of Business Mailing Address
3580 EVANS AVENUE 1810 SEACREST AVENUE
FORT MYERS, FL 33901 US IMMOKALEE, FL 33934 US

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01172008 Chg-P CR2E034 (12/06)

4. FEI Number 20-3445633 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NUNEZ, RENE
1810 SEACREST AVENUE
IMMOKALEE, FL 33934

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NUNEZ, RAUL	
STREET ADDRESS	1810 SEACREST AVE.	
CITY-ST-ZIP	IMMOKALEE, FL 33934	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NUNEZ, RENE	
STREET ADDRESS	1810 SEACREST AVENUE	
CITY-ST-ZIP	IMMOKALEE, FL 33934	
TITLE	S	<input type="checkbox"/> Delete
NAME	NUNEZ, ORALIA R	
STREET ADDRESS	1810 SEACREST AVENUE	
CITY-ST-ZIP	IMMOKALEE, FL 33934	
TITLE	T	<input type="checkbox"/> Delete
NAME	NUNEZ, RAUL JR	
STREET ADDRESS	1810 SEACREST AVENUE	
CITY-ST-ZIP	IMMOKALEE, FL 33934	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/08

239-657-4841