2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2008 8:00 am Secretary of State

DOCUMENT # P06000094598 1. Entity Name SUNNY FLORIDA AUTO SALES, INC.				04-23-2008 90027 034 ***150.00
Principal Place of Business Mailing Address 2118 9TH ST W BRADENTON, FL 34205 US Mailing Address 2118 9TH ST W BRADENTON, FL 34205 US			US	
2. Principal Pla 1510 Suite, Apt. 6		3. Mailing Address 1510 8TH 6 Suite, Apt. #, etc.	the W	04172008 Chg-P CR2E034 (12/06)
City & State	NETTO FL.	City & State PALMETTO	Fi.	4. FEI Number Applied For 20-5224195 Not Applicable
Zip	Country		Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
ALNADI, IBRAHIM A 3235 NATURE CIRCLE 306 SARASOTA, FL 34235				LNADI, IBRAHIM A ddress (P.O. Box Number is Not Acceptable) 76 SANIBEL WAY FL ZipCode 03
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 lute if applicable. (NDTE: Registered Agent signature required when reinstating) DATE				
	E NOW!!! FEE IS \$150.00 by 1, 2008 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	PSD ALNADI, IBRAHIM	☐ Delete	TITLE NAME	PSD ALNAOI, BRAHIM
STREET ADDRESS	P.O.BOX 52198 SARASOTA, FL 34232		STREET ADDRESS CITY-ST-ZIP	BRADENTON FL 34203.
TITLE	37773017,12 37202	☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	
THUE NAME STREET ADDRESS		☐ Delețe ;	TITLE NAME STREET ADDRESS CTY-SI-ZIP	Change Addition
CITY-ST-ZIP 1ITLE NAME STREET ADDRESS		☐ Defete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP			CITY-\$1-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME. STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. Thereby certify that the information supplied with this filling 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.				

4-18-08

Daytime Phone #