

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000127898

FILED  
Nov 20, 2007  
Secretary of State

Entity Name: CARIBBEAN SUNSETS CORPORATION

## Current Principal Place of Business:

169 EAST FLAGLER STREET SUITE 1428  
MIAMI, FL 33131

## New Principal Place of Business:

719 DIPLOMAT PKWY.  
HALLANDALE, FL 33009

## Current Mailing Address:

169 EAST FLAGLER STREET SUITE 1428  
MIAMI, FL 33131

## New Mailing Address:

719 DIPLOMAT PKWY.  
HALLANDALE, FL 33009

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEROY, DOMINQUE M  
169 EAST FLAGLER STREET SUITE 1428  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

LEROY, DOMINQUE M  
169 EAST FLAGLER STREET  
SUITE 1428  
MIAMI, FL 33131 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: DOMINQUE LEROY

11/20/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: OWENS, RONALD  
Address: 719 DIPLOMAT PKWY  
City-St-Zip: HALLANDALE, FL 33020

Title: D ( ) Delete  
Name: BRYANT, RICHARD L  
Address: 1600 TAFT STREET SUITE 801  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D ( ) Delete  
Name: RUSSO, LARRY  
Address: 1607 SOUTH 189TH COURT  
City-St-Zip: OMAHA, NE 68130

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition  
Name: LEROY, DOMINQUE  
Address: 169 E. FLAGLER ST.  
City-St-Zip: MIAMI, FL 33131

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: RONALD L. OWENS

M D

11/20/2007

Electronic Signature of Signing Officer or Director

Date