2008 FOR PROFIT CORPORATION ANNUAL REPORT

08-15-2008 90002 001 ***155.00

FILED
Sep 20, 2008 8:00 A.M.
Secretary of State

DOCUMENT # P07000093005

KORHAN A. MUTLU, P.A.

1840 SOUTWEST CORAL WAT 4TH FLOOR
MIAMI, FL 33145

Mailing Address
PO BOX 8544
MADEIRA BEACH, FL 33738

08082008 Chg-P CR2E034 (12/06)

2. Principal Place of Business No P.O. Box #	3. Mailing Address
	Suite, Apt. #, etc.
	City & State
Country	Zip / Country

4. FEI Number 22-3967708 — Applied For / Not Applicable

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
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	Name: Gulf Sun Properties, LLC Street Address (P.O. Box Number is Not Acceptable): 807 Bay Point Dr. City: Madeira Beach FL Zip Code: 33708

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 position of registered agent.

SIGNATURE: R. Weaver — 8/7/08 DATE

Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☑ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
DPST MUTLU, KORHAN A 1840 SOUTWEST CORAL WAT 4TH FLOOR MIAMI, FL 33145	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #