

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000019426

Entity Name: SONSETALL 20776 CORP

FILED  
Apr 29, 2011  
Secretary of State

**Current Principal Place of Business:**

7875 NW 12 STREET  
SUITE 113  
DORAL, FL 33126 US

**New Principal Place of Business:**

**Current Mailing Address:**

7875 NW 12 STREET  
SUITE 113  
DORAL, FL 33126 US

**New Mailing Address:**

FEI Number: 27-1237875

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MALFELD, GARY D ESQ  
7875 NW 12 STREET  
SUITE 113  
DORAL, FL 33126 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ESQUIVEL P., VIVINA PD  
Address: 3788 NE 207 TERR  
City-St-Zip: NO MIAMI BEACH, FL 33180 US

Title: VPD  
Name: ESQUIVEL P., ALBERTO VPD  
Address: 3788 NE 207 TERR  
City-St-Zip: NO MIAMI BEACH, FL 33180 US

Title: SD  
Name: ESQUIVEL P., ADRIANA SD  
Address: 3788 NE 207 TERR  
City-St-Zip: NO MIAMI BEACH, FL 33180 US

Title: TD  
Name: ESQUIVEL P., ALEJANDRA TD  
Address: 3788 NE 207 TERR  
City-St-Zip: NO MIAMI BEACH, FL 33180 US

I hereby 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 all other like empowered.

SIGNATURE: VIVINA ESQUIVEL P

PD

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date