

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90057 003 \*\*\*150.00

**50014548**



1st MOORE CR2E034 (10/04)

|   |                                    |                           |   |  |  |
|---|------------------------------------|---------------------------|---|--|--|
| <b>DOCUMENT # P92000010660</b>  |                                    |                           |   |                       |  |
| <b>1. Entity Name</b><br>SUNSET CENTER CORPORATION  |                                    |                           |   |  |  |
| <b>Principal Place of Business</b><br>10300SW 72 ST<br>SUITE 130<br>MIAMI FL 33173  |                                    |                           | <b>Mailing Address</b><br>10300SW 72 ST<br>SUITE 130<br>MIAMI FL 33173  |  |  |
| <b>2. Principal Place of Business</b>   |                                    | <b>3. Mailing Address</b> |   |  |  |
| Suite, Apt. #, etc.   |                                    | Suite, Apt. #, etc.       |   |  |  |
| City & State  |                                    | City & State              |   | <b>4. FEI Number</b> 65-0385382 <input type="checkbox"/> <b>Applied For</b><br>Not Applicable          |  |
| Zip   | Country                            | Zip                       | Country   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b>  |                                    |                           | <b>7. Name and Address of New Registered Agent</b>  |  |  |
| WASERSTEIN, RICHARD<br>913 NORMANDY DR<br>MIAMI BEACH FL 33141  |                                    |                           | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City  |  |  |
| 1124 KANE CONCOURSE<br>BAY HARBOR FL 33154  |                                    |                           | FL Zip Code   |  |  |
| <b>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.</b>  |                                    |                           |   |  |  |
| <b>SIGNATURE</b><br>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE  |                                    |                           |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br>After May 1, 2005 Fee Will Be \$550.00<br>Make Check Payable to Florida Department of State   |                                    |                           | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b> |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                                    |                           | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| TITLE   | DP <input type="checkbox"/> Delete | TITLE                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| NAME  | FRAYND, GERMAN                     | NAME                      |   |  |  |
| STREET ADDRESS  | 21150 BISCAYNE BLVD #302           | STREET ADDRESS            |   |  |  |
| CITY-ST-ZIP   | AVENTURA FL                        | CITY-ST-ZIP               |   |  |  |
| TITLE   | DV <input type="checkbox"/> Delete | TITLE                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| NAME  | WASERSTEIN, CHARLES                | NAME                      |   |  |  |
| STREET ADDRESS  | 9509 HARDING AVE                   | STREET ADDRESS            |   |  |  |
| CITY-ST-ZIP   | SURFSIDE FL 33154                  | CITY-ST-ZIP               |   |  |  |
| TITLE   | DS <input type="checkbox"/> Delete | TITLE                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| NAME  | WASERSTEIN, MARTA                  | NAME                      |   |  |  |
| STREET ADDRESS  | 9509 HARDING AVE                   | STREET ADDRESS            |   |  |  |
| CITY-ST-ZIP   | SURFSIDE FL 33154                  | CITY-ST-ZIP               |   |  |  |
| TITLE   | DT <input type="checkbox"/> Delete | TITLE                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| NAME  | WASERSTEIN, ALAN                   | NAME                      |   |  |  |
| STREET ADDRESS  | 6001 NW 153 ST #110                | STREET ADDRESS            |   |  |  |
| CITY-ST-ZIP   | MIAMI LAKES FL 33014               | CITY-ST-ZIP               |   |  |  |
| TITLE   | D <input type="checkbox"/> Delete  | TITLE                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| NAME  | FRAYND, PAUL                       | NAME                      |   |  |  |
| STREET ADDRESS  | 21150 BISCAYNE BLVD #302           | STREET ADDRESS            |   |  |  |
| CITY-ST-ZIP   | AVENTURA FL                        | CITY-ST-ZIP               |   |  |  |
| TITLE   | D <input type="checkbox"/> Delete  | TITLE                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| NAME  | FRAYND, ALAN                       | NAME                      |   |  |  |
| STREET ADDRESS  | 21150 BISCAYNE BLVD 302            | STREET ADDRESS            |   |  |  |
| CITY-ST-ZIP   | AVENTURA FL                        | CITY-ST-ZIP               |   |  |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b> |                                    |                           |   |  |  |
| <b>SIGNATURE:</b> <i>J. Fraynd, president</i>   |                                    |                           | 2/7/05 305 271-7179   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                    |                           | Date Daytime Phone #  |  |  |