✓ 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P920000106601. Entity Name

SUNSET CENTER CORPORATION

FILED Mar 02, 2006 08:00 AN Secretary of State

CR2E034 (11/05)

Principal Place of Business

10300SW 72 ST SUITE 130 MIAMI, FL 33173 Mailing Address

10300SW 72 ST SUITE 130

.MIAMI, FL 33173



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4. FEI Number Applied For 65-0385382 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WASERSTEIN, RICHARD 1124 KANE CONCOURSE BAY HARBOR, FL 33154

DO NOT WRITE IN THIS SPACE

No Chg-P

02282006

		Y THE STATE OF THE			!			
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 title if applicable (NOTE. Registered Agent signature required when reinstating) DATE								
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ng	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS	******					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRAYND, GERMAN 21150 BISCAYNE BLVD #302 AVENTURA, FL				UNN000453858 93/14/06-80038-020 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WASERSTEIN, CHARLES 9509 HARDING AVE SURFSIDE, FL 33154							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WASERSTEIN, MARTA 9509 HARDING AVE SURFSIDE, FL 33154			DO	NOT WRITE			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	DT WASERSTEIN, ALAN 6001 NW 153 ST #110 MIAMI LAKES, FL 33014			IN '	THIS SPACE			
NAME STREET ADDRESS CITY-ST-ZIP	D FRAYND, PAUL 21150 BISCAYNE BLVD #302 AVENTURA, FL							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAYND, ALAN 21150 BISCAYNE BLVD 302 AVENTURA, FL				9. Florida Statutes I further certify that the information			

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:

LIAN WINDLY SEEMS THAT JAN JAN SEGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06 305-271-7177