

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000010660

FILED  
Feb 09, 2012  
Secretary of State

Entity Name: SUNSET CENTER CORPORATION

**Current Principal Place of Business:**

10300 SW 72 ST  
SUITE 130  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

10300 SW 72 ST  
SUITE 130  
MIAMI, FL 33173

**New Mailing Address:**

FEI Number: 65-0385382      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WASERSTEIN, RICHARD  
1124 KANE CONCOURSE  
BAY HARBOR, FL 33154      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: DP  
Name: FRAYND, GERMAN  
Address: 21150 BISCAYNE BLVD #302  
City-St-Zip: AVENTURA, FL

Title: DV  
Name: WASERSTEIN, CHARLES  
Address: 9509 HARDING AVE  
City-St-Zip: SURFSIDE, FL 33154

Title: DS  
Name: WASERSTEIN, MARTA  
Address: 9509 HARDING AVE  
City-St-Zip: SURFSIDE, FL 33154

Title: DT  
Name: WASERSTEIN, ALAN  
Address: 6001 NW 153 ST #110  
City-St-Zip: MIAMI LAKES, FL 33014

Title: D  
Name: FRAYND, PAUL  
Address: 21150 BISCAYNE BLVD #302  
City-St-Zip: AVENTURA, FL

Title: D  
Name: FRAYND, ALAN  
Address: 21150 BISCAYNE BLVD 302  
City-St-Zip: AVENTURA, FL

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: ALAN WASERSTEIN

DT

02/09/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date