

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**May 03
Secr**

DOCUMENT #P93000015907 1. Entity Name SUNSET INVESTORS, INC.																																		
Principal Place of Business 9240 S.W. 72 ST. MIAMI, FL 33173	Mailing Address 9240 S.W. 72 ST. MIAMI, FL 33173																																	
DO NOT WRITE IN THIS SPACE																																		
6. Name and Address of Current Registered Agent SHERMAN, THOMAS G 218 ALMERIA AVE. CORAL GABLES, FL 33134		<div style="text-align: center; font-size: 24px; font-weight: bold;"> DO NOT WRITE IN THIS SPACE </div>																																
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: _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%; font-size: 8px;">TITLE</td> <td style="width: 90%;">DPS</td> </tr> <tr> <td style="font-size: 8px;">NAME</td> <td>BENITEZ, RAUL</td> </tr> <tr> <td style="font-size: 8px;">STREET ADDRESS</td> <td>7423 VISTA DEL MAR</td> </tr> <tr> <td style="font-size: 8px;">CITY - ST - ZIP</td> <td>CORAL GABLES, FL 33146</td> </tr> <tr><td style="font-size: 8px;">TITLE</td><td> </td></tr> <tr><td style="font-size: 8px;">NAME</td><td> </td></tr> <tr><td style="font-size: 8px;">STREET ADDRESS</td><td> </td></tr> <tr><td style="font-size: 8px;">CITY - ST - ZIP</td><td> </td></tr> <tr><td style="font-size: 8px;">TITLE</td><td> </td></tr> <tr><td style="font-size: 8px;">NAME</td><td> </td></tr> <tr><td style="font-size: 8px;">STREET ADDRESS</td><td> </td></tr> <tr><td style="font-size: 8px;">CITY - ST - ZIP</td><td> </td></tr> <tr><td style="font-size: 8px;">TITLE</td><td> </td></tr> <tr><td style="font-size: 8px;">NAME</td><td> </td></tr> <tr><td style="font-size: 8px;">STREET ADDRESS</td><td> </td></tr> <tr><td style="font-size: 8px;">CITY - ST - ZIP</td><td> </td></tr> </table>			TITLE	DPS	NAME	BENITEZ, RAUL	STREET ADDRESS	7423 VISTA DEL MAR	CITY - ST - ZIP	CORAL GABLES, FL 33146	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP	
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<div style="text-align: right; font-family: monospace; font-size: 12px;"> 000000147309 05/03/04-80101-007 150.00 </div> <div style="text-align: center; font-size: 24px; font-weight: bold; margin-top: 20px;"> DO NOT WRITE IN THIS SPACE </div>																																		
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.																																		
SIGNATURE: _____ 27/04/04 305 598 1876 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																		



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0391337	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	