ANNUAL REPORT

DOCUMENT # P93000015907

1. Entity Name SUNSET INVESTORS, INC.



Apr 07 Seci

Principal Place of Business

9240 S.W. 72 ST, MIAMI, FL 33173

Mailing Address

9240 S.W. 72 ST. MIAMI, FL 33173



DO N	OT WOITE	IN TL	THIC	SPACE				
DO IN	TI AAUIIE	. 11/4 1 1			4. FEI Number			Applied For
					65-0391337			Not Applicable
					E. Cartificate of Status Beginned		\$8.75	Additional

6. Name and Address of Current Registered Agent

SHERMAN, THOMAS G 218 ALMERIA AVE.

DO NOT WRITE

CORAL G	ABLES, FL 33134		IN THIS SPACE									
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, 2005 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing 🖸	\$5.00 May Be Added to Fees								
10.	OFFICERS AND DIREC	TORS										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BENITEZ, RAUL 7423 VISTA DEL MAR CORAL GABLES, FL 33146	200										
TITLE NAME STREET ADDRESS GIY-SI-ZIP		-		ask emu	U00000291054 04/07/05-80014-009 150.00							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4		IN '	THIS SPACE							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, .			an annual dan <u>mangan men</u> angkahan a naga dan								
TITLE NAME STREET ADDRESS CITY-ST-ZIP												
12. I hereby of	certify that the information supplied with this fill on this report or supplemental report is true a	ing does not qualify for the exer and accurate and that my signat	nption state ure shall ha	d in Section 119.07(3) ve the same legal effe	(i), Florida Statutes. I further certify that the information of as if made under eath; 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:

PAUL BENITEZ

NTED NAME OF SIGNING OFFICER ON DIRECTOR

305 803 29 00 Daysine Phone #