

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000068557

Entity Name: SUNNY INSURANCE AGENCY, INC.

FILED
Jan 10, 2006
Secretary of State

Current Principal Place of Business:

4995 NW 72 AVE
SUITE 400
MIAMI, FL 33166 US

Current Mailing Address:

4995 NW 72 AVE
SUITE 400
MIAMI, FL 33166 US

FEI Number: 65-0525945

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAPATA, EMMA L
4995 NW 72 AVE
SUITE 400
MIAMI, FL 33166 US

New Principal Place of Business:

4995 NW 72 AVE
SUITE 409
MIAMI, FL 33166 US

New Mailing Address:

4995 NW 72 AVE
SUITE 409
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

ORIHUELA, MONICA
4995 NW 72 AVE
SUITE 409
MIAMI, FL 33166 US

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: MONICA ORIHUELA

01/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: ZAPATA, EMILIO E
Address: 4995 NW 72 AVE SUITE 400
City-St-Zip: MIAMI, FL 33166

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: ORIHUELA, OSCAR E
Address: 4995 NW 72 AVE, SUITE 409
City-St-Zip: MIAMI, FL 33166

Title: VP,S () Change (X) Addition
Name: ORIHUELA, MONICA
Address: 4995 NW 72 AVE, SUITE 409
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MONICA ORIHUELA

PD

01/10/2006

Electronic Signature of Signing Officer or Director

Date