2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000068557

Entity Name: SUNNY INSURANCE AGENCY, INC.

FILED May 01, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
12217 S.W. 129TH COURT MIAMI, FL 33186 US				12213 SW 129 COURT MIAMI, FL 33186 US		
Current Mailing Address:				New Mailing Address:		
12217 S.W. 129TH COURT MIAMI, FL 33186 US				12213 SW 129 COURT MIAMI, FL 33186 US		
FEI Number:	65-0525945	FEI Number Applied For () FEI N	lumber Not Appl	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name a				ne and Address of New Registered Agent:		
ORIHUELA, MONICA 4995 NW 72 AVE SUITE 409 MIAMI, FL 33166 US			13220 SW	ORIHUELA, MONICA 13220 SW 84 AVE MIAMI, FL 33156 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:				05/01/2007		
Electronic Signature of Registered Agent					Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.						
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	ORIHUELA, O	AVE, SUITE 409	Title: Name: Address: City-St-Zip:	PDT (X) ORIHUELA, OS 13220 SW 84 A MIAMI, FL 3315	VE	
Title: Name: Address: City-St-Zip:	ORIHUELA, M	AVE, SUITE 409	Title: Name: Address: City-St-Zip:	VS (X) ORIHUELA, MO 13220 SW 84 A MIAMI, FL 3315	VE	
Title: Name: Address: City-St-Zip:	D (JONES, THOM 4995 NW 72 A MIAMI, FL 33	\VE	Title: Name: Address: City-St-Zip:	D (X) JONES, THOMA 12213 SW 129 MIAMI, FL 3318	COURT	
Title: Name: Address: City-St-Zip:	D (2 ZAPATA, EMII 4995 NW 72 MIAMI, FL 33	\VE	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D (2 ZAPATA, EMN 4995 NW 72 A MIAMI, FL 33	\VE	Title: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: ORIHUELA, OSCAR, E PDT 05/01/2007