


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90083 038 \*\*\*150.00

<b>DOCUMENT # P94000077369</b>		
1. Entity Name <b>SUNSET SPORT CORP.</b>		

Principal Place of Business <b>101 DUVAL ST KEY WEST, FL 33040</b>	Mailing Address <b>C/O S. KRAFT, P.A. 766 RIVERSIDE DRIVE CORAL SPRINGS, FL 33071</b>
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2. Principal Place of Business		3. Mailing Address <b>c/o S. KRAFT PA</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>934 N. UNIVERSITY DR #150</b>	
City & State		City & State <b>CORAL SPRINGS, FL</b>	
Zip <b>33071</b>	Country <b>USA</b>	Zip <b>33071</b>	Country <b>USA</b>



03032005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0529377</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>HAMUY, NEIL C/O SKRAFT PA 766 RIVERSIDE DRIVE CORAL SPRINGS, FL 33071</b>		7. Name and Address of New Registered Agent Name <b>HAMUY, NEIL</b> Street Address (P.O. Box Number is Not Accepted) <b>c/o S. KRAFT PA</b> <b>9629 PARKVIEW AVE</b> City <b>BOCA RATON</b> FL Zip Code <b>33428</b>

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 *Neil Hamuy* **NEIL Hamuy** 4/27/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD HAMUY, NEIL 766 RIVERSIDE DRIVE CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9629 PARKVIEW AVE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Neil Hamuy* **NEIL Hamuy** 4/27/05 561-204-7966  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #