## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

**DOCUMENT # P95000019159** 

SUNSET HARBOUR REALTY, INC.

Feb 04, 2008 08:00 AN Secretary of State

**FILED** 

Principal Place of Business

Mailing Address

906ALTONROAD MIAMIBEACH, FL33139

SIGNATURE:

20281EASTCOUNTRYCLUBDRIVE #214 AVENTURA,FL33180



DO NOT WRITE IN THIS SPACE

01092008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 65-0602314 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

305 606 6060

6. Name and Address of Current Registered Agent

LERNER, VICTOR 20281 EAST COUNTRY CLUB DRIVE #214 N MIAMI BEACH, FL 33180

## DO NOT WRITE IN THIS SPACE

| the abbyerialined shirty submits this statement for the purpose of changing his registered office of registered agent, or ooth, in the oddle of ronad. Talk terminal with, and decoperations of registered agent.   |  |    |             |                                |   |
|---|--|----|-------------|--------------------------------|---|
| SIGNATURE   |  |    |             |                                |   |
| FILE NOWIII FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.  |  |    | cing $\Box$ | \$5.00 May Be<br>Added to Fees |   |
| 10.   | 10. OFFICERS AND DIRECTORS   |    |             |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | P<br>LERNER, VICTOR<br>20281 EAST COUNTRY CLUB DR #2<br>N. MIAMI BEACH, FL 33180 | 14 |             |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |    |             |                                | 000000815811<br>02/14/08-80024-008 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |    |             | DO                             | NOT WRITE                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | _  |             | IN '                           | THIS SPACE                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |    | ·           |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |    |             |                                |   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the repelver 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 or an attachment with an address with all other like empowered. |  |    |             |                                |   |

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR