


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90067 006 ***150.00

DOCUMENT # P95000084776		
1. Entity Name MIRAMAR SUNSET, INC.		

Principal Place of Business 200 EAST LAS OLAS BLVD. SUITE 1800 FT. LAUDERDALE, FL 33301	Mailing Address 200 EAST LAS OLAS BLVD. SUITE 1800 FT. LAUDERDALE, FL 33301
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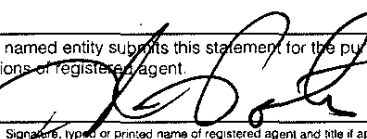
2. Principal Place of Business 200 East Las Olas Blvd.	3. Mailing Address 200 East Las Olas Blvd.
Suite, Apt. #, etc. Suite 1900	Suite, Apt. #, etc. Suite 1900
City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33301	Country USA



01232004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent TATUM, THOMAS R 200 EAST LAS OLAS BLVD. SUITE 1800 FT. LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name Thomas R. Tatum Street Address (P.O. Box Number is Not Acceptable) 200 East Las Olas Blvd., Suite 1900 City Fort Lauderdale FL Zip Code 33301	
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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.

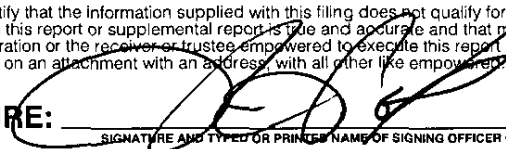
SIGNATURE  DATE _____

Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BASCETTA, THOMAS J 124 SOTA DRIVE JUPITER, FL 33458 <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	VPD WIRTHS, JAMES C 1308 13TH TERRACE PALM BEACH GARDENS, FL 33410 <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	TD WHITCOMB, ROBERT A 1731 S.W. MONARCH CLUB DR. PALM CITY, FL 34990 <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	S TATUM, THOMAS R 200 EAST LAS OLAS BLVD., #1800 FT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Tatum, Thomas R. 200 East Las Olas Blvd., Suite 1900 Fort Lauderdale, FL 33301 <input checked="" 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

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 empowerment.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date _____ Daytime Phone # _____