

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000087789

Entity Name: S.U.N.Y. ASSOCIATES, INC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

1985 SOUTH OCEAN DR
SUITE 20 N
HALLANDALE, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 834896
HOLLYWOOD, FL 330834896 US

New Mailing Address:

FEI Number: 65-0621833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUGLIESS, DOMINICK
850 NE 12 AVE
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PUGLIESE, DOMINICK
Address: 850 NE 12 AVE
City-St-Zip: HALLANDALE, FL 33009

Title: VP () Delete
Name: PUGLIESE, JOHN D
Address: 1985 SOUTH OCEAN DRIVE 20 N
City-St-Zip: HALLANDALE, FL 33009

Title: T () Delete
Name: PUGLIESE, JOHN D
Address: 1985 SOUTH OCEAN DR, 20 N
City-St-Zip: HALLANDALE, FL 33009

Title: S () Delete
Name: PUGLIESE, ANDREA A
Address: 1985 SOUTH OCEAN DRIVE 20N
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DOMENICK PUGLIESE

P

04/27/2005

Electronic Signature of Signing Officer or Director

Date