


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 8:00 am**  
**Secretary of State**

01-31-2006 90014 003 \*\*\*158.75

DOCUMENT # P96000020566			
1. Entity Name SUNNYSIDE AUTO & MARINE INC.			
Principal Place of Business 1080 NE 43RD ST OAKLAND PARK, FL 33334 US		Mailing Address 491 SE 10TH AVE POMPAN0 BEACH, FL 33060 US	
2. Principal Place of Business <i>1080 NE 43RD ST</i>		3. Mailing Address <i>600 W. LAS OLAS BL.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>708 SOUTH</i>	
City & State <i>OAKLAND PARK FL</i>		City & State <i>FT. LAUD FL</i>	
Zip <i>33334</i>		Zip <i>33312</i>	
Country <i>USA</i>		Country <i>US</i>	
4. FEI Number 65-0711913		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRIED, ARNOLD 491 S.E. 10TH AVE. POMPAN0 BEACH, FL 33060		7. Name and Address of New Registered Agent Name <i>ARNOLD FRIED</i> Street Address (P.O. Box Number is Not Acceptable) <i>600 W. LAS OLAS BLVD #708 S.</i> City <i>FT. LAUD, FL</i> Zip Code <i>33312</i>	
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: <i>Arnold Fried</i>		DATE	
Signature, 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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRIED, ARNOLD 491 S.E. 10TH AVE. POMPAN0 BEACH, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>600 W. LAS OLAS BLVD, 708 S. FT LAUD, FL 33312</i>
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 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 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: <i>Arnold Fried Pres</i>		Date <i>1/26/05</i> Daytime Phone # <i>295-2973</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	