2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000100900

1. Entity Name
DALARD SUNSET INVESTMENTS, INC.

Principal Place of Business	Mailing Address
9688 SW 24 ST MIAMI, FL 33165 US	9755 S.W. 62 STREET MIAMI, FL 33173 US

02172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0722937
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARQUEZ, JOSE M PA
782 N.W. LEJEUNE ROAD
SUITE 548
MIAMI, FL 33126

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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
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VALDES, DANIEL R
STREET ADDRESS	9755 SW 62 ST
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	VPD
NAME	VALDES, DANIEL F
STREET ADDRESS	9100 SW 68 ST
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	SD
NAME	DIAZ-CORDERO, ANA M
STREET ADDRESS	10555 SW 58 ST
CITY-ST-ZIP	MIAMI, FL 331732857
TITLE	TD
NAME	DIAZ, ALEJANDRO
STREET ADDRESS	13954 SW 36 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/04-80146-007 150.00

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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: _____ 2/17/04 (305) 476-2884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #