

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90987 037 ***150.00

DOCUMENT # P97000008804

1. Entity Name
SUNSET COVE CORPORATION



Principal Place of Business
**4060 BIRCHWOOD DRIVE
BOCA RATON, FL 33487**

Mailing Address
**4060 BIRCHWOOD DRIVE
BOCA RATON, FL 33487**

94067064



03182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0607689

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**REINISCH, HANS
4060 BIRCHWOOD DRIVE
BOCA RATON, FL 33487**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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 P
NAME REISS ENGELHARDT, ALFONS
STREET ADDRESS 33A SANDY BAY RD
CITY-ST-ZIP CALLANDER ONTARIO CANADA, POH 1H0

TITLE VP
NAME REISS, PIA
STREET ADDRESS 33A SANDY BAY RD
CITY-ST-ZIP CALLANDER ONTARIO CANADA, POH 1H0

TITLE S
NAME REINISCH, HANS DR
STREET ADDRESS 4060 BIRCHWOOD DRIVE
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DR. HANS REINISCH

04-15-04

Date

561-8930099

Daytime Phone #