

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90080 017 ***158.75

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		
2. Principal Place of Business			3. Mailing Address 4568 WILKINSON DRIVE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			DELRAY BEACH		
Zip		Country		33445 FL	
6. Name and Address of Current Registered Agent REINISCH, HANS 4060 BIRCHWOOD DRIVE BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name: HANS REINISCH Street Address (P.O. Box Number is Not Acceptable): 4568 WILKINSON DRIVE City: DELRAY BEACH FL 33445		
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 _____ (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 REISS ENGELHARDT, ALFONS 33A SANDY BAY RD CALLANDER ONTARIO CANADA, P0H 1H0	<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	VP REISS, PIA 33A SANDY BAY RD CALLANDER ONTARIO CANADA, P0H 1H0	<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 REINISCH, HANS DR 4060 BIRCHWOOD DRIVE BOCA RATON, FL 33487	<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	
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 empowered.					
SIGNATURE: _____			21. Tel. or 561-8432089		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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02172005 Chg-P CR2E034 (10/03)

4. FEI Number 02-0607689 Applied For Not Applicable

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