



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 OCT -1 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000013399 1. Entity Name SUNDAYS ON THE BAY, INC.					
Principal Place of Business 5420 CRANDON BLVD. KEY BISCAVNE, FL 33149			Mailing Address 5420 CRANDON BLVD. KEY BISCAVNE, FL 33149		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		09302004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 65-0731688	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent A&P REGISTERED AGENT, INC. 2450 S.W. 137TH AVE. SUITE 221 MIAMI, FL 33175			7. Name and Address of New Registered Agent A & P Registered Agent, Inc		
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.			Name A & P Registered Agent, Inc		
STREET ADDRESS 2450 S.W. 137TH AVE.			Street Address (P.O. Box Number is Not Acceptable)		
CITY-STATE-ZIP MIAMI, FL 33175			City FL Zip Code		
SIGNATURE: <i>[Signature]</i> DATE: 4/30/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		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	PD BENCOMO, ESTEBAN 5420 CRANDON BLVD. KEY BISCAVNE, FL 33149	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AMARO, PEDRO 5420 CRANDON BLVD. KEY BISCAVNE, FL 33149	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REYES, JAVIER 5420 CRANDON BLVD. KEY BISCAVNE, FL 33149	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PINO, CARLOS 5420 CRANDON BLVD. KEY BISCAVNE, FL 33149	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <i>[Signature]</i> DATE: 4/30/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					