2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000060941

1. Entity Name

SUNSET LAKES EQUITIES, INC.

1

FILED May 05, 2004 8:00 am Secretary of State

05-05-2004 90241 044 ***158.75

			600 WE 190		
Principal Place of Business 444 BRICKELL AVENUE SUITE 51-246 MIAMI FL 33131 US		Mailing Address			
		444 BRICKELL AVENUE SUITE 51-246 MIAMI FL 33131 US		(1981) Bei 18 (1811 1881) Bein Bein Bein Bein Bein Bein Bein 1811 1811 1811 1861 1812 1811	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)	- 1 1
City & State		City & State		65-0026670	lied For Applicable
Žip	Country	Zip	Country	5. Certificate of Status Desired X \$8.75 Additi	
6.	Name and Address of Cur	rent Registered Agent		7. Name and Address of New Registered Agent	
IDO EIDI	ICIADV INIC		Name		
IBC FIDUCIARY INC. 100 SE 2ND STREET SUITE 2315-A		Stree		ess (P.O. Box Number is Not Acceptable)	
	EL 33131				
			City	FL Zip Code	
the obligations of	ed entity submits this statement of registered agent.		g its registered office or reg	istered agent, or both, in the State of Florida. I am familiar with, ar upured when reinstating) DATE	nd accept
After May	NOW!!! FEE IS \$150.00 1; 2004 Fee will be \$550 able to Florida Departme	.00		9. Election Campaign Financing \$5.00 Trust Fund Contribution.	May Be o Fees
10.	OFFICERS	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	N 11
STREET ADDRESS LON	VO, JOSE T MAS DE LAS MERCEDES, MACAS 1061, VENEZUELA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE · · S		Delete	TITLE S	EDE7 C	Addition

PEREZ, GERARDO NAME 444 BRICKELL AVE. #51-246 STREET ADDRESS 444 BRICKELL AVE #51-246 STREET ADDRESS CITY-ST-ZIP MIAMI FL 93131 CITY-ST-ZIP MIAMI, FL 33131 Addition ☐ Delete ☐ Change TITLE ۷P NAME NAME Celauro, L. STREET ADDRESS STREET ADDRESS 444 Brickell Ave., #51-246 Miami, FL 33131 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 too 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 entropy and 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 of the corporation of the receiver of trustee entropy.

SIGNATURE AND TYPED OF EMINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

G. PEREZ

04/16/04

(305) 358-4441

Davlime Phone #