

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90044 034 ***158.75

DOCUMENT # P97000071870																																																																																	
1. Entity Name SUN REAL ESTATE OF MIAMI, INC.																																																																																	
Principal Place of Business 2601 NW LEJEUNE ROAD MIAMI, FL 33142 US			Mailing Address 2601 NW LEJEUNE ROAD MIAMI, FL 33142 US																																																																														
2. Principal Place of Business		3. Mailing Address																																																																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04052005 Chg-P CR2E034 (10/03)																																																																													
City & State		City & State		4. FEI Number 65-0798267																																																																													
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required																																																																													
6. Name and Address of Current Registered Agent FORTES, PEDRO A 2601 NW LEJEUNE ROAD MIAMI, FL 33142			7. Name and Address of New Registered Agent																																																																														
Name			Street Address (P.O. Box Number is Not Acceptable)																																																																														
City			FL Zip Code																																																																														
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 reinstating) DATE:																																																																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00																																																																																	
9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 50%; padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 35%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 30%; text-align: right;">☐ Delete</td> </tr> <tr> <td></td> <td>DP ORMENO, MALONE C</td> <td>320 ATLANTIC ROAD</td> <td>KEY BISCAYNE, FL 33149</td> <td></td> </tr> <tr> <td></td> <td>DVP ORMENO MALONE, LUIS J.</td> <td>320 ATLANTIC ROAD</td> <td>KEY BISCAYNE, FL 33149</td> <td></td> </tr> <tr> <td></td> <td>D ORMENO MALONE, JULIO C</td> <td>320 ATLANTIC ROAD</td> <td>KEY BISCAYNE, FL 33149</td> <td></td> </tr> <tr> <td></td> <td>D ORMENO, CABRERA J</td> <td>320 ATLANTIC ROAD</td> <td>KEY BISCAYNE, FL 33149</td> <td></td> </tr> <tr> <td></td> <td>DVP ORMENO MALONE, MERCEDES I</td> <td>320 ATLANTIC ROAD</td> <td>KEY BISCAYNE, FL 33149</td> <td></td> </tr> <tr> <td></td> <td>D ORMENO MALONE, MARIA D</td> <td>320 ATLANTIC ROAD</td> <td>KEY BISCAYNE, FL 33149</td> <td></td> </tr> </table> </td> <td style="width: 50%; padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 35%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td>ORMENO MALONE, CECILIA</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ORMENO CABRERA, JOAQUIN</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> </td> </tr> </table>						10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 35%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 30%; text-align: right;">☐ Delete</td> </tr> <tr> <td></td> <td>DP ORMENO, MALONE C</td> <td>320 ATLANTIC ROAD</td> <td>KEY BISCAYNE, FL 33149</td> <td></td> </tr> <tr> <td></td> <td>DVP ORMENO MALONE, LUIS J.</td> <td>320 ATLANTIC ROAD</td> <td>KEY BISCAYNE, FL 33149</td> <td></td> </tr> <tr> <td></td> <td>D ORMENO MALONE, JULIO C</td> <td>320 ATLANTIC ROAD</td> <td>KEY BISCAYNE, FL 33149</td> <td></td> </tr> <tr> <td></td> <td>D ORMENO, CABRERA J</td> <td>320 ATLANTIC ROAD</td> <td>KEY BISCAYNE, FL 33149</td> <td></td> </tr> <tr> <td></td> <td>DVP ORMENO MALONE, MERCEDES I</td> <td>320 ATLANTIC ROAD</td> <td>KEY BISCAYNE, FL 33149</td> <td></td> </tr> <tr> <td></td> <td>D ORMENO MALONE, MARIA D</td> <td>320 ATLANTIC ROAD</td> <td>KEY BISCAYNE, FL 33149</td> <td></td> </tr> </table>	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete		DP ORMENO, MALONE C	320 ATLANTIC ROAD	KEY BISCAYNE, FL 33149			DVP ORMENO MALONE, LUIS J.	320 ATLANTIC ROAD	KEY BISCAYNE, FL 33149			D ORMENO MALONE, JULIO C	320 ATLANTIC ROAD	KEY BISCAYNE, FL 33149			D ORMENO, CABRERA J	320 ATLANTIC ROAD	KEY BISCAYNE, FL 33149			DVP ORMENO MALONE, MERCEDES I	320 ATLANTIC ROAD	KEY BISCAYNE, FL 33149			D ORMENO MALONE, MARIA D	320 ATLANTIC ROAD	KEY BISCAYNE, FL 33149		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 35%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td></td> <td>ORMENO MALONE, CECILIA</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ORMENO CABRERA, JOAQUIN</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition		ORMENO MALONE, CECILIA										ORMENO CABRERA, JOAQUIN																		
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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 another like empowered.																																																																																	
SIGNATURE: PEDRO FORTES, E.V. 04/04/05 305-870-0919																																																																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																	