

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000025474

1. Entity Name  
SUNSET PALMS, INC.



Principal Place of Business  
1400 NORTH VIEW DRIVE  
MIAMI BEACH, FL 33140

Mailing Address  
1400 NORTH VIEW DRIVE  
MIAMI BEACH, FL 33140



01152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0821920

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MOSKOWITZ, HERMAN  
3850 HOLLYWOOD BLVD.  
SUITE 204  
HOLLYWOOD, FL 33021

**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 \_\_\_\_\_ (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

000000033366  
02/05/04-80041-014 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	VD
NAME	WHEELock, STEVE
STREET ADDRESS	1400 NORTH VIEW DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	PSD
NAME	BONNER, JAMES R JR
STREET ADDRESS	1400 N VIEW DR
CITY-ST-ZIP	MIAMI BCH, FL 33140
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

2/2/04  
Date

Daytime Phone #