

\$150.


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY -4 AM 8:00


DOCUMENT # P98000039627

1. Entity Name
SUNSET LAKES SHOPS, INC.



Principal Place of Business C/O SOUTHEAST CENTERS 1541 SUNSET DRIVE #300 CORAL GABLES, FL 33143	Mailing Address C/O SOUTHEAST CENTERS 1541 SUNSET DRIVE #300 CORAL GABLES, FL 33143
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DO NOT WRITE IN THIS SPACE



02122004 No Chg-P CR2E034 (10/03) *MRS*

4. FEI Number 65-0836556	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIGIER, GERALD M
C/O SOUTHEAST CENTERS
1541 SUNSET DRIVE #300
CORAL GABLES, FL 33143

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

600034692636
04/29/04--01033--024 **882.50

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGIER, GERALD M C/O 1541 SUNSET DRIVE #300 CORAL GABLES, FL 33143
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\$\$\$150.00

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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 all other like empowered.

SIGNATURE *Gerald M. Higier* *Gerald M. Higier* 4/14/04 305-606-2140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #