


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90021 042 ***158.75

DOCUMENT # P98000059105	
1. Entity Name SUNNYVILLE CORPORATION	

Principal Place of Business 2600 DOUGLAS RD., SUITE 406 CORAL GABLES, FL 33134	Mailing Address 2600 DOUGLAS RD., SUITE 406 CORAL GABLES, FL 33134
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01222004 Chg-P CR2E034 (10/03)

4. FEI Number 98-0115317	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
SPENCER, THOMAS R JR. 801 BRICKELL AVE., SUITE 1901 MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name SPENCER, THOMAS R., JR.
Street Address (P.O. Box Number is Not Acceptable) PENTHOUSE II B TWO ALHAMBRA PLAZA
City CORAL GABLES, FL Zip Code 33134

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ANDRES, ISABEL G 801 BRICKELL AVE., SUITE 1901 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ANDRES, JULIO G 801 BRICKELL AVE., SUITE 1901 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ANDRES, OFELIA G 801 BRICKELL AVE., SUITE 1901 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete GONZALEZ, CARLOS E 2600 DOUGLAS ROAD, SUITE 406 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete FERNANDEZ, SERGIO L 2600 DOUGLAS ROAD, SUITE 406 CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete SPENCER, THOMAS R JR 801 BRICKELL AVE, SUITE 1901 MIAMI, FL 33131

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANDRES, ISABEL G <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PENTHOUSE II B TWO ALHAMBRA PLAZA CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANDRES, JULIO G. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PENTHOUSE II B TWO ALHAMBRA PLAZA CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANDRES, OFELIA G. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PENTHOUSE II B TWO ALHAMBRA PLAZA CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPENCER, THOMAS R., JR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PENTHOUSE II B TWO ALHAMBRA PLAZA CORAL GABLES, FL 33134

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:  **1/23/04 461-9941**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #