
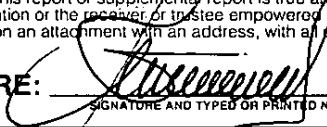


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90032 046 ***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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SPENCER, THOMAS R JR. PENTHOUSE II B TWO ALHAMBRA PLAZA MIAMI, FL 33134				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ANDRES, ISABEL G <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PENTHOUSE II B TWO ALHAMBRA PLAZA		NAME		
STREET ADDRESS	CORAL GABLES, FL 33134		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D ANDRES, JULIO G <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PENTHOUSE II B TWO ALHAMBRA PLAZA		NAME		
STREET ADDRESS	CORAL GABLES, FL 33134		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D ANDRES, OFELIA G <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PENTHOUSE II B TWO ALHAMBRA PLAZA		NAME		
STREET ADDRESS	CORAL GABLES, FL 33134		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	P GONZALEZ, CARLOS E <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2600 DOUGLAS ROAD, SUITE 406		NAME		
STREET ADDRESS	CORAL GABLES, FL 33134		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	T FERNANDEZ, SERGIO L <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	2600 DOUGLAS ROAD, SUITE 406		NAME		
STREET ADDRESS	CORAL GABLES, FL		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S SPENCER, THOMAS R JR <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PENTHOUSE II B TWO ALHAMBRA PLAZA		NAME	MARIA E. BARRENA	
STREET ADDRESS	CORAL GABLES, FL 33134		STREET ADDRESS	2600 DOUGLAS ROAD, SUITE 406	
CITY-ST-ZIP			CITY-ST-ZIP	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: 			SERGIO L. FERNANDEZ 2/21/05 (305) 461-9940		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		