
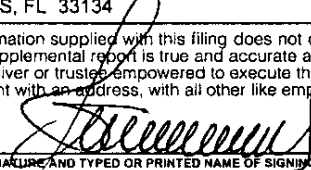


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90016 004 ***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) 2100 PONCE DE LEON BLVD SUITE 1170 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 _____ <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, 2006 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 <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDRES, ISABEL G		NAME		
STREET ADDRESS	PENTHOUSE II B TWO ALHAMBRA PLAZA		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDRES, JULIO G		NAME		
STREET ADDRESS	PENTHOUSE II B TWO ALHAMBRA PLAZA		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDRES, OFELIA G		NAME		
STREET ADDRESS	PENTHOUSE II B TWO ALHAMBRA PLAZA		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GONZALEZ, CARLOS E		NAME		
STREET ADDRESS	2600 DOUGLAS ROAD, SUITE 406		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERNANDEZ, SERGIO L		NAME		
STREET ADDRESS	2600 DOUGLAS ROAD, SUITE 406		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRENA, MARIA E		NAME		
STREET ADDRESS	2600 DOUGLAS ROAD SUITE 406		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 3/1/06 (305) 461-9941 Date Daytime Phone #		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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01252006 Chg-P CR2E034 (11/05)

4. FEI Number 98-0115317 Applied For Not Applicable

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