


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90027 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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40036474



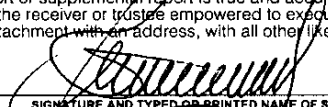
03072007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPENCER, THOMAS R JR. 2100 PONCE DE LEON BLVD. SUITE 1170 CORAL GABLES, FL 33134		Name 999 Ponce de Leon Blvd Street Address (P.O. Box Number is Not Acceptable) SUITE 510 City CORAL GABLES FL 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 _____	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRES, ISABEL G <input type="checkbox"/> Delete 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	D ANDRES, JULIO G <input type="checkbox"/> Delete 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	D ANDRES, OFELIA G <input type="checkbox"/> Delete 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	P GONZALEZ, CARLOS E <input type="checkbox"/> Delete 2600 DOUGLAS ROAD, SUITE 406 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	T FERNANDEZ, SERGIO L <input type="checkbox"/> Delete 2600 DOUGLAS ROAD, SUITE 406 CORAL GABLES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARRENA, MARIA E <input type="checkbox"/> Delete 2600 DOUGLAS ROAD SUITE 406 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 3/7/2007 (305) 461-9941 TREASURER