2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State
03-11-2004 90020 025 ***150.00

DOCUMENT # P98000073280

1. Entity Name
SUNNY KEYS, INC.

64010376

Principal Place of Business	Mailing Address
5161 COLLINS AVE 1602 MIAMI BEACH, FL 33140	5161 COLLINS AVE 1602 MIAMI BEACH, FL 33140

02102004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1601 Collins Avenue	1601 Collins Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: 33139 Country: USA	Zip: 33139 Country: USA

4. FEI Number 90-0067046 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ANDRE, PASCAL~~
5161 COLLINS AVE
1602
MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent

Name: Andre Pascal
Street Address (P.O. Box Number is Not Acceptable): 1200 West Avenue
1117
City: Miami Beach FL Zip Code 33139

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 ______
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ANDRE, PASCAL 5161 COLLINS AVE., #1602 MIAMI, FL 33140	☐ Delete	PD Andre Pascal 1200 west avenue # 1117 Miami Beach, FL 33139	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ~~GHRUVINE,~~ JACQUES 5161 COLLINS AVE., #1602 MIAMI, FL 33140	☐ Delete	DV CHAUVINC Jacques 1450 LINCOLN ROAD # 303 Miami BEACH, FL 33139	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: ______ 03 07 04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Hd / 786 486 8071