


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000105086	
1. Entity Name SUNSET MANAGEMENT COMPANY, INC.	

Principal Place of Business 9485 S.W. 72ND STREET SUITE A-115 MIAMI, FL 33173	Mailing Address 9485 S.W. 72ND STREET SUITE A-115 MIAMI, FL 33173
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DO NOT WRITE IN THIS SPACE



03022004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0882693	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SIMON, GARY P 9100 S. DADELAND BLVD. SUITE 504 MIAMI, FL 33156	DO NOT WRITE IN THIS SPACE
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 re-registering)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000077884 03/08/04-80005-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLROSS, ELIZABETH A 9485 S.W. 72ND STREET MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLROSS, VICTORIA A 9485 S.W. 72ND STREET MIAMI, FL 33173
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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: VICTORIA COLROSS Victoria Colross	3/2/04 305.596.2380
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>