

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90100 011 ***150.00

DOCUMENT # P99000067508

1. Entity Name
SUNMARK PROPERTIES II, INC.



Principal Place of Business
**800 WEST CYPRESS CREEK ROAD SUITE 350
FORT LAUDERDALE, FL 33309**

Mailing Address
**800 WEST CYPRESS CREEK ROAD SUITE 350
FORT LAUDERDALE, FL 33309**

50011116



2. Principal Place of Business
**7300 W. Camino Real
Suite 122
Boca Raton, FL
33433 USA**

3. Mailing Address
**7300 W. Camino Real
Suite 122
Boca Raton, FL
33433 USA**

04102006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0936781

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**KRINKSY, JAY
800 WEST CYPRESS CREEK ROAD SUITE 350
FT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name
(address change)

Street Address (P.O. Box Number is Not Acceptable)
7300 W. Camino Real, #122

City
Boca Raton FL Zip Code
33433

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KRINSKY, JAY 6820 S GRANDE DR BOCA RATON, FL 33433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD POLLOCK, EDWARD J 17112 MANDYLYNN CT BOCA RATON, FL 33496	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay Krinsky

4/10/2006

(561)395-3075

Date

Daytime Phone #