


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000075965**  
 1. Entity Name  
 5898 SUNSET CORP.



Principal Place of Business  
 5894 SUNSET DRIVE  
 SOUTH MIAMI, FL 33143

Mailing Address  
 5894 SUNSET DRIVE  
 SOUTH MIAMI, FL 33143

**DO NOT WRITE IN THIS SPACE**



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 65-0952047

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 FARINELLI, MAURIZIO  
 5894 SUNSET DRIVE  
 SOUTH MIAMI, FL 33143

**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 \_\_\_\_\_ (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**

U00000142832  
 04/30/04-80069-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
 NAME FARINELLI, MAURIZIO  
 STREET ADDRESS 5894 SUNSET DRIVE  
 CITY-ST-ZIP SOUTH MIAMI, FL 33143

TITLE VD  
 NAME SANCHEZ, AGUSTIN  
 STREET ADDRESS 5894 SUNSET DRIVE  
 CITY-ST-ZIP SOUTH MIAMI, FL 33143

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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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 lists empowered.

SIGNATURE: \_\_\_\_\_ **04-27-2004** (2005) 1140-0256  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #