

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M97420

**FILED**  
**Apr 18, 2007**  
**Secretary of State**

**Entity Name:** SUNSHINE ACCOUNTING & INSURANCE AGENCY CORP.

**Current Principal Place of Business:**

ILEANA GOMEZ  
1925 E. 4TH AVE.  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

ILEANA GOMEZ  
1925 E. 4TH AVE.  
HIALEAH, FL 33010

**New Mailing Address:**

**FEI Number:** 65-0065769      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOMEZ, ILEANA  
1925 E. 4TH AVE.  
HIALEAH, FL 33010    US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: GOMEZ, ILEANA,  
Address: 8796 NW 140 LN  
City-St-Zip: MIAMI LAKES, FL 33018

Title: VS ( ) Delete  
Name: ROVIRA, JOSE I.  
Address: 8796 NW 140 LANE  
City-St-Zip: MIAMI LAKES, FL 33018

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ILEANA GOMEZ

P/D

04/18/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date