

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M97420

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1925 EAST 4TH AVE  
SUITE # 2  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

1925 EAST 4TH AVE  
SUITE # 2  
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

**OFFICERS AND DIRECTORS:**

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

**Title:** VS/D  
**Name:** ROVIRA, JOSE I.  
**Address:** 8796 NW 140 LANE  
**City-St-Zip:** MIAMI LAKES, FL 33018

I hereby 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 all other like empowered.

SIGNATURE: ILEANA GOMEZ

P/D

04/23/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date