

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90039 043 ***150.00

DOCUMENT # P05000128305	
1. Entity Name SUNSHINE SCHOOL SHUTTLE INC.	

Principal Place of Business 11181 SW 61 TERRACE MIAMI, FL 33173	Mailing Address 11181 SW 61 TERRACE MIAMI, FL 33173
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2. Principal Place of Business - No P.O. Box # 11295 SW 229th Ter	3. Mailing Address 11295 SW 229th Ter
Suite, Apt. #, etc.	Suite, Apt. #, etc.

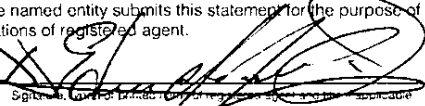
City & State MIAMI FL	City & State MIAMI FL
Zip 33170	Country USA
Zip 33170	Country USA

40010583



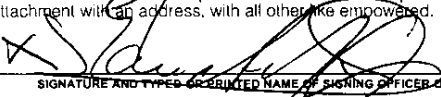
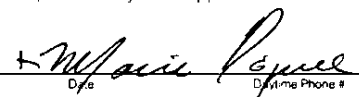
01312007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent JOA, MIGUEL A 11181 SW 61 TERRACE MIAMI, FL 33173		7. Name and Address of New Registered Agent Name Edmundo Roque Street Address (P.O. Box Number is Not Acceptable) 11295 SW 229th Terrace City MIAMI FL Zip Code 33170	
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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: 	DATE: 2-4-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOA, MIGUEL A 11181 SW 61 TERRACE MIAMI, FL 33173 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Edmundo Roque 11295 SW 229th Terrace MIAMI FL 33170 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ, MISLADYS 11181 SW 61 TERRACE MIAMI, FL 33173 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARIA Roque 11295 SW 229th Terrace MIAMI FL 33170 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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	Date Daytime Phone #