

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2007 08:00 AM
Secretary of State



DOCUMENT # P98000100394

1. Entity Name

SUNSHINE AUTO RECYCLERS, INC.

Principal Place of Business

640 NW 7TH AVE.
 FT. LAUDERDALE FL 33311

Mailing Address

640 NW 7TH AVE.
 SUITE 1
 FT. LAUDERDALE FL 33311



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number **65-0880895**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDREWS, JOHN S ESQUIRE
 640 N.W. 7TH AVE.
 FT. LAUDERDALE FL 33311

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PD Delete
 NAME SMITH, TIMOTHY
 STREET ADDRESS 640 N.W. 7TH AVENUE
 CITY-STATE-ZIP FT. LAUDERDALE FL 33311

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE Delete
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TITLE Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP
 U000000704301
 04/23/07-80005-019 150.00

TITLE Change Addition
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 CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 TIMOTHY SMITH 4/10-07

Date Date of Filing