


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90178 019 ***150.00

DOCUMENT # P99000006891


1. Entity Name
SUNSHINE STATE SECRETARIAL & BOOKKEEPING, INC.



Principal Place of Business Mailing Address
8301 SW 26 PLACE **8301 SW 26 PLACE**
DAVIE, FL 33328 **DAVIE, FL 33328**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1233 SE 11 AVENUE **1233 SE 11 AVENUE**
 Suites, Apt. #, etc. Suites, Apt. #, etc.

City & State City & State
Deerfield Bch FL **Deerfield Bch FL**
 Zip Country Zip Country
33441 **USA** **33441** **USA**



04032007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-0889693 Not Applicable

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


6. Name and Address of Current Registered Agent

SANTINI, KATHI
8301 SW 26 PLACE
DAVIE, FL 33328

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
1233 SE 11 Avenue
 City State Zip Code
Deerfield Bch **FL** **33441**

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: **4/3/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTINI, KATHI 8301 SW 26 PLACE DAVIE, FL 33328	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1233 SE 11 Avenue Deerfield Bch, FL 33441	
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"/> Change <input type="checkbox"/> Addition
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"/> 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:  DATE: **4/3/07** DAYTIME PHONE #: **954 777 3277**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #