2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED --Apr 17, 2006 08:00 AN DOCUMENT # S95472 1. Entity Name **Secretary of State** SUNSHINE MAIDS' SERVICE CORP. Mailing Address Principal Place of Business 3000 SUNRISE LAKES DR E #407 SUNRISE FL 33322 3000 SUNRISE LAKES DR E #407 SUNRISE FL 33322 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0288671 Not Applicat 2io Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, NINOSKA M Street Address (P.O. Box Number is Not Acceptable) 3000 SUNRISE LAKES DR E #407 SUNRISE FL 33322 City 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 Buckey SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstation) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. Defete THEE Change Addition Addition HILE NAME RODRIGUEZ, NINOSKA M NAME STREET ADDRESS 3000 SUNRISE LAKES DR E #407 STREET ADDRESS H000000513919 CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33322 Delete TITLE BILL NAME RODRIGUEZ, ORLANDO K NAME "FR STREET ADDRESS STREET ADDRESS 8109 LAKE POINTE COURT CITY-ST-ZIP PLANTATION FL 33322 Change ☐ Addition 33335 Delete TITLE NAME NAME GARCIA, GISEL S STREET ADDRESS STREET ADDRESS 3545 NE 167 ST #401 CITY - ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33160 TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: Mineska Rodriguez Ninos Ka M. Rodriguez 4-14-06 954-572-5975

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.