

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90026 049 \*\*\*\*70.00

<b>DOCUMENT # N04000011594</b> 1. Entity Name <b>SUNSHINE FOR ALL, INC.</b>					
Principal Place of Business <b>1853 N. W. 22ND ST. MIAMI, FL 33142</b>			Mailing Address <b>1853 N. W. 22ND ST. MIAMI, FL 33142</b>		
2. Principal Place of Business - No P.O. Box # <b>2929 SW 3rd AVE</b>		3. Mailing Address Suite, Apt. #, etc. <b>340</b>			
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>		4. FEI Number <b>37-1502184</b>	
Zip <b>33129</b>		Country <b>FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MACHADO, AIDA 1853 N. W. 22ND ST. MIAMI, FL 33142</b>			7. Name and Address of New Registered Agent Name <b>ELVIS SALVADOR</b> Street Address (P.O. Box Number is Not Acceptable) <b>2929 SW 3rd AVE. # 340</b> City <b>Miami FL</b> <b>FL</b> Zip Code <b>33129</b>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title, if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <b>2/10/2007</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	<b>P</b> <b>MACHADO, AIDA</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P</b> <b>MACHADO, AIDA</b>	
STREET ADDRESS	<b>1843 NW 22 ST</b>		STREET ADDRESS	<b>2929 SW 3rd AVE. #340</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33142</b>		CITY-ST-ZIP	<b>Miami FL 33129</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MACHADO, AIDA</b>		NAME	<b>Dolores FARNOT</b>	
STREET ADDRESS	<b>1843 NW 22 ST</b>		STREET ADDRESS	<b>10101 SW 8 Terr</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33142</b>		CITY-ST-ZIP	<b>MIAMI FL 33174</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>VICTOR SALJAS SR.</b>	
STREET ADDRESS			STREET ADDRESS	<b>13671 SW 62 ST #101</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>MIAMI FL 33183</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>JAMILAT CALVINO</b>	
STREET ADDRESS			STREET ADDRESS	<b>361 NW 135 AVE</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>MIAMI FL 33182</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>AXEL RIZO</b>	
STREET ADDRESS			STREET ADDRESS	<b>10801 SW 109 CT</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>MIAMI, FL 33176</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>FRANK DOVALE</b>	
STREET ADDRESS			STREET ADDRESS	<b>1846 SW 150 AVE.</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>MIRAMAR, FL 33027</b>	
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a rider, with all other like empowered.					
<b>SIGNATURE:</b>			<b>2/10/2007</b> <b>285-3217</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		