

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M97420

**Entity Name:** SUNSHINE ACCOUNTING & INSURANCE AGENCY CORP.

**Current Principal Place of Business:**

1925 EAST 4TH AVE  
SUITE # 2  
HIALEAH, FL 33010

**Current Mailing Address:**

1925 EAST 4TH AVE  
SUITE # 2  
HIALEAH, FL 33010

**FEI Number:** 65-0065769

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GOMEZ, ILEANA  
1925 E. 4TH AVE.  
HIALEAH, FL 33010 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P/D  
Name GOMEZ, ILEANA  
Address 8796 NW 140 LN  
City-State-Zip: MIAMI LAKES FL 33018

Title VS/D  
Name ROVIRA, JOSE I.  
Address 8796 NW 140 LANE  
City-State-Zip: MIAMI LAKES FL 33018

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ILEANA GOMEZ

**PRESIDENT**

**04/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date