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

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

04/21/2015

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

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

Officer/Director Detail :

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

FILED			
Apr 21, 2015			
Secretary of State			
CC3835752295			

Certificate of Status Desired: No

Date

Date