

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S95472

**Entity Name:** SUNSHINE MAIDS' SERVICE CORP.

**Current Principal Place of Business:**

7154 N. UNIVERSITY DR., STE 182  
TAMARAC, FL 33321

**Current Mailing Address:**

7154 N. UNIVERSITY DR., STE 182  
TAMARAC, FL 33321 US

**FEI Number:** 65-0288671

**Certificate of Status Desired:** Yes

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

NINOSKA, RODRIGUEZ M  
4980 E. SABAL PALM BLVD  
340  
TAMARAC, FL 33319 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  
Name RODRIGUEZ, NINOSKA M  
Address 4980 E. SABAL PALM BLVD  
340  
City-State-Zip: TAMARAC FL 33319

Title S  
Name GARCIA, GISEL S  
Address 3545 NE 167 ST #401  
City-State-Zip: NORTH MIAMI BEACH FL 33160

*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: NINOSKA M. RODRIGUEZ

PRESIDENT

04/18/2015

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

\_\_\_\_\_ Date