2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 284970

1. Entity Name

SUNSHINE ALUMINUM PRODUCTS, INC.

Principal Place of Business	Mailing Address
3907 W. SOUTH AVE SUITE 14 TAMPA FL 33614 US	3907 W. SOUTH AVE SUITE 14 TAMPA FL 33614 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-1060240 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRAU, RAFAEL 4418 N. TAMPANIA AVENUE TAMPA FL 33614	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE _____
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD ☐ Delete		TITLE ☐ Change ☐ Add	
NAME GRAU,RAFAEL		NAME	U00000406831
STREET ADDRESS 4418 N. TAMPANIA AVE.		STREET ADDRESS	02/07/06-80107-002 150.00
CITY-ST-ZIP TAMPA FL		CITY-ST-ZIP	
TITLE VD ☐ Delete		TITLE ☐ Change ☐ Add	
NAME GRAU,JOSE		NAME	
STREET ADDRESS 5806 OXFORD DR.		STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		CITY-ST-ZIP	
TITLE SD ☐ Delete		TITLE ☐ Change ☐ Add	
NAME GRAU,CARIDAD		NAME	
STREET ADDRESS 4418 N. TAPANIA AVE.		STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Add	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Add	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Add	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.

SIGNATURE: Rafael Grau Pres. 1/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #