


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90175 027 ***150.00

DOCUMENT # 435634	
1. Entity Name ALL SUNSHINE INVESTMENTS, INC.	

Principal Place of Business 3720 SW 122 CT MIAMI, FL 33175 US	Mailing Address P.O. BOX 65-0950 MIAMI, FL 33265 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 14721 SW 107 TERR. Suite, Apt. #, etc. MIAMI, FL 33196
City & State	City & State
Zip Country	Zip Country

40078330



04172006 Chg-P CR2E034 (11/05)

4. FEI Number 59-1501867	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CASTELLANO, PERFECTO A 3720 SW 122 CT MIAMI, FL 33175	7. Name and Address of New Registered Agent Name: CASTELLANOS, PERFECTO A. Street Address (P.O. Box Number is Not Acceptable) 14721 SW 107 TERR. City: MIAMI, FL Zip Code: 33196
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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: 	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST CASTELLANOS, PERFECTO A. 3720 SW 122 CT MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: 	4-26-06	Date	Daytime Phone #
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