

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F47062

Entity Name: SUNSHINE CLEANING SYSTEMS, INC.

FILED  
Apr 15, 2005  
Secretary of State

## Current Principal Place of Business:

3449-3445 N.E. 12TH TERR.  
P.O.BOX 24466  
FT LAUDERDALE, FL 33307

## New Principal Place of Business:

3449-3445 N.E. 12TH TERR.  
P.O.BOX 24466  
FT LAUDERDALE, FL 33307

## Current Mailing Address:

## New Mailing Address:

3449-3445 N.E. 12TH TERR.  
P.O.BOX 24466  
FT LAUDERDALE, FL 33307

FEI Number: 59-2142301      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CALUFETTI, LARRY  
3449-3445 N.E. 12TH TERR.  
FORT LAUDERDALE, FL 33334 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: CALUFETTI, LARRY,  
Address: 3445 NE 12TH TERR  
City-St-Zip: FT LAUDERDALE, FL 00000,

Title: T ( ) Delete  
Name: COENEN, LAURA  
Address: 3445 NE 12 TERR  
City-St-Zip: FT LAUDERDALE, FL

Title: S ( ) Delete  
Name: DIEL, ROGER  
Address: 3445 N.E. 12 TERR  
City-St-Zip: FT LAUDERDALE, FL

Title: V ( ) Delete  
Name: ROSE, DORAN C,  
Address: 3445 NE 12TH TERR  
City-St-Zip: FT LAUDERDALE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LARRY A. CALUFETTI

PRES

04/15/2005

Electronic Signature of Signing Officer or Director

Date