2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H17073

FILED Sep 20, 2004 Secretary of State

Entity Name: SUNSHINE MARINE TANKS INC.

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Surrent P	rincipal Place	OI DUSINESS:	New Princ	cipal Place o	u Dusines	55.
1755 W 31 HIALEAH,	PLACE FL 33012		8045 NW 9 MEDLEY,	90TH STREE FL 33166	T US	
Current Mailing Address:			New Mailing Address:			
1755 W 31 HIALEAH,	PLACE FL 33012		8045 NW 9 MEDLEY,	90TH STREE FL 33166	T US	
El Number	: 59-2606841	FEI Number Applied For()	FEI Number Not App	licable ()	Certifica	ate of Status Desired ()
Name and	Address of C	urrent Registered Agent:	Name and	l Address of	New Reg	jistered Agent:
SIOTE 206 MIAMI, FL						
	named entity see of Florida.	submits this statement for the p	urpose of changing	its registered	office or r	egistered agent, or bot
n the State	e of Florida. RE:			its registered	office or r	
n the State	e of Florida. RE: Electron	ic Signature of Registered Age	ent		office or r	registered agent, or bot
n the State SIGNATUI n accordan	e of Florida. RE: Electron ce with s. 607.19		ent		office or r	
n the State SIGNATUI n accordan Election Cai	e of Florida. RE: Electron ce with s. 607.19	ic Signature of Registered Age 3(2)(b), F.S., the corporation did not 3 Trust Fund Contribution ().	ent t receive the prior notic	ee.		
n the State BIGNATUI n accordan Election Car OFFICER: Vitle: Vame: Address:	e of Florida. RE: Electron ce with s. 607.19 mpaign Financing S AND DIREC	ic Signature of Registered Age 3(2)(b), F.S., the corporation did not 3 Trust Fund Contribution (). TORS: Delete	ent t receive the prior notic	e. NS/CHANGE		Date
n the State SIGNATUI n accordan Election Cai	e of Florida. RE: Electron ce with s. 607.19 mpaign Financing S AND DIREC P () MACIAS, LUCY 8045 NW 90 ST MEDLEY, FL 3	ic Signature of Registered Age 3(2)(b), F.S., the corporation did not 3 Trust Fund Contribution (). TORS: Delete - 3166 Delete A	ent t receive the prior notice ADDITION Title: Name: Address:	ee. NS/CHANGE	S TO OFF () Change X) Change IINA ST.	Date FICERS AND DIRECTO
n the State BIGNATUI n accordan Election Can OFFICER Name: Address: City-St-Zip: Vitle: Name: Address:	e of Florida. RE: Electron ce with s. 607.19 mpaign Financing S AND DIREC P () MACIAS, LUCY 8045 NW 90 ST MEDLEY, FL 3 T () CASTILLO, GIN 8045 NW 90 ST MEDLEY, FL 3	ic Signature of Registered Age 3(2)(b), F.S., the corporation did not 3 Trust Fund Contribution (). TORS: Delete - 3166 Delete A	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	VP (CASTILLO, G 8045 NW 90 MEDLEY, FL	S TO OFF () Change (X) Change (INA ST. 33166 () Change ST.	Date FICERS AND DIRECTO () Addition () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: LUCY MACIAS P 09/20/2004