FILED
Feb 28, 2003 8:00 am
Secretary of State
02-28-2003 90141 037 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H17073

1. Entity Name
SUNSHINE MARINE TANKS INC.

60013464

Principal Place of Business
1755 W 31 PLACE
HIALEAH FL 33012

Mailing Address
1755 W 31 PLACE
HIALEAH FL 33012

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2606841 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, ANA
~~1755 W 31 PLACE~~
~~HIALEAH FL 33012~~

7. Name and Address of New Registered Agent

Name Osvaldo J. Diaz
Street Address (P.O. Box Number is Not Acceptable) 1951 S.W. 40 STREET
Suite 206
City MIAMI, FL FL Zip Code 33155

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 ______ 1/14/03
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, 2003 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MACIAS, LUCY ~~1755 W 31 PLACE~~ ~~HIALEAH FL 33012~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 8045 NW 90 Street Medley, FL 33166
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CASTILLO, GINA ~~1755 W 31 PLACE~~ ~~HIALEAH FL 33012~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 8045 NW 90 Street Medley, FL 33166
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12. 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 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: L. Macias PRES Lucy Macias 1/16/03 (305)8059898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E034 (10/02)