


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # K86214 1. Entity Name SUNSHINE AUTO PARTS II, INC.																													
Principal Place of Business 1030-34 HYPOLUXO ROAD LANTANA FL 33462			Mailing Address 1030-34 HYPOLUXO ROAD LANTANA FL 33462																										
2. Principal Place of Business - No P.O. Box # 			3. Mailing Address 																										
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 																										
City & State 			City & State 																										
Zip 		Country 		Zip 																									
Country 		Country 		4. FEI Number 65-0137144 Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent HERNANDEZ, JORGE L 1030 HYPOLUXO ROAD HYPOLUXO FL 33461																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)</small>																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">PSD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HERNANDEZ, JORGE L P</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1030 HYPOLUXO DR.</td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td>HYPOLUXO FL LANTA-NA</td> <td></td> </tr> </table>			TITLE	PSD	<input type="checkbox"/> Delete	NAME	HERNANDEZ, JORGE L P		STREET ADDRESS	1030 HYPOLUXO DR.		CITY ST ZIP	HYPOLUXO FL LANTA-NA		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">U00000616919</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td>02/07/07-80053-001 150.00</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY ST ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	U00000616919	<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME	02/07/07-80053-001 150.00		STREET ADDRESS			CITY ST ZIP		
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1st MOORE CR2E034 (10/06)

4. FEI Number 65-0137144 Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, JORGE L
1030 HYPOLUXO ROAD
HYPOLUXO FL 33461

7. Name and Address of New Registered Agent

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.

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FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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		
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STREET ADDRESS	1030 HYPOLUXO DR.		STREET ADDRESS		
CITY ST ZIP	HYPOLUXO FL LANTA-NA		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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-07

Date Daytime Phone #