

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L37141**

1. Entity Name  
**SUNSHINE CLEANING SERVICE OF MIAMI, INC.**



Principal Place of Business  
**22310 SW 108TH COURT  
GOULDS, FL 33170**

Mailing Address  
**13520 SW 265TH TERR  
NARANJA, FL 33032**



07082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>74-2734990</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**SOLOMON, THELMA  
13520 S.W. 265 TERRACE  
MIAMI, FL 33032**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and take it applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>
NAME	<b>SOLOMON, THELMA</b>
STREET ADDRESS	<b>13520 S.W. 265 TERR.</b>
CITY-ST-ZIP	<b>NARANJA, FL 33032</b>
TITLE	<b>C</b>
NAME	<b>HILL, JOE</b>
STREET ADDRESS	<b>1430 SW 6TH AVENUE</b>
CITY-ST-ZIP	<b>HOMESTEAD, FL 33030</b>
TITLE	<b>S</b>
NAME	<b>SPIVEY, ARNESTRIS</b>
STREET ADDRESS	<b>11314 SW 220TH TERR.</b>
CITY-ST-ZIP	<b>GOULDS, FL 33170</b>
TITLE	<b>T</b>
NAME	<b>MATHISON, EUNICE</b>
STREET ADDRESS	<b>1600 NW 43RD STREET</b>
CITY-ST-ZIP	<b>MIAMI, FL 33142</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/14/04-80001-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Thelma Solomon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/8/04*

Daytime Phone #