


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 02, 2005 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
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DO NOT WRITE IN THIS SPACE



02232005 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent  SOLOMON, THELMA 13520 S.W. 265 TERRACE MIAMI, FL 33032
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)

Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

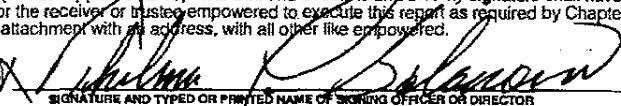
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLOMON, THELMA 13520 S.W. 265 TERR. NARANJA, FL 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HILL, JOE 1430 SW 6TH AVENUE HOMESTEAD, FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPIVEY, ARNESTRIS 11314 SW 220TH TERR. GOULDS, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATHISON, EUNICE 1600 NW 43RD STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/02/05-80049-019 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  2/25/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #