

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # M17287	
1. Entity Name SUNSHINE ROCK, INC.	



Principal Place of Business 129 AVE 201 ST MIAMI, FL 33106 US	Mailing Address 8518 SW 8 STREET BOX 154 MIAMI, FL 33144 US
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DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2559834	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 W. SERVICES, INC. 9500 NW 77TH AVE. SUITE B4 HIALEAH GARDENS, FL 33016	
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**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 _____ (NOTE: Registered Agent signature required when reinstating) 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	V RODRIGUEZ, ALICIA 2911 SW 98TH AVENUE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PEREZ, WILFRED 19950 NORTHWEST 83 AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PEREZ, ARMANDO 19950 N.W. 83RD AVE. MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FALERO, CARMEN B 2310 SW 82 PLACE MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/13/05-80012-004 150.00

**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)(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: _____ **1/13/05 305 829 8807**

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