


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M17287</b> 1. Entity Name SUNSHINE ROCK, INC.	
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Principal Place of Business

129 AVE 201 ST  
MIAMI, FL 33106 US

Mailing Address

8518 SW 8 STREET  
BOX 154  
MIAMI, FL 33144 US

**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2559834	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

W. SERVICES, INC.  
9500 NW 77TH AVE.  
SUITE 84  
HIALEAH GARDENS, FL 33016

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees.

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	RODRIGUEZ, ALICIA
STREET ADDRESS	2911 SW 98TH AVENUE
CITY ST ZIP	MIAMI, FL 33165
TITLE	S
NAME	PEREZ, WILFRED
STREET ADDRESS	19950 NORTHWEST 83 AVENUE
CITY ST ZIP	MIAMI, FL
TITLE	T
NAME	PEREZ, ARMANDO
STREET ADDRESS	19950 N.W. 83RD AVE.
CITY ST ZIP	MIAMI, FL 33015
TITLE	P
NAME	FALERO, CARMEN B
STREET ADDRESS	2310 SW 82 PLACE
CITY ST ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

1000000388533  
01/20/06-80003-018 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

Date

Display Phone #

1/12/06