

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 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**



01022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2559834	Applied For 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**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000780906
01/15/08-80014-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	RODRIGUEZ, JOSE M
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, AMABLE 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	

**DO NOT WRITE
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

1/17/08 3054260347
Date Daytime Phone # 8407