

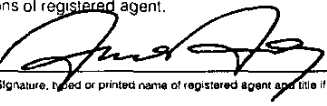
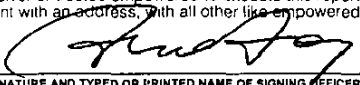


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90035 048 \*\*\*\*61.25

<b>DOCUMENT # N01000007559</b> 1. Entity Name <b>SUNSHINE ESTATES ASSOCIATION, INC.</b>					
Principal Place of Business <b>6310 SW 56 ST</b> <b>DAVIE, FL 33314</b>				Mailing Address <del>6310 SW 56 ST</del> <del>DAVIE, FL 33314</del>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>6005 Stirling Road</b> Suite, Apt. #, etc. <b>PMB 115</b>			
City & State		City & State <b>Davie, FL</b>		4. FEI Number <b>35-2169542</b>	
Zip <b>33314</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STEPHEN J. STRALEY, P.A.</b> <b>3990 SHERIDAN STREET</b> <b>SUITE 109</b> <b>HOLLYWOOD, FL 33021</b>				7. Name and Address of New Registered Agent Name <b>MONICA MARTA</b> Street Address (P.O. Box Number is Not Acceptable) <b>6275 Southwest 56th Street</b> City <b>Davie</b> <b>FL</b> Zip Code <b>33314</b>	
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  <b>Monica Marta</b> <b>03/10/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT ZARBAFI, MOHAMMAD 96310 SW 56 ST DAVIE, FL 33314	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTA, MONICA 6275 Southwest 56th Street Davie, FL 33314	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT DOSTER, GREGORY E 6160 SW 56 ST DAVIE, FL 33314	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VINCENT, JOHN 6185 Southwest 56th Street Davie, FL 33314	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VINCENT, JUDY 6185 SW 56 ST DAVIE, FL 33314	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TRAVERT, NICOLE 6245 Southwest 56th Street Davie, FL 33314	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VINCENT, JUDY 6185 SW 56 ST DAVIE, FL 33314	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOSTER, SUSAN 6160 Southwest 56th Street Davie, FL 33314	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OKUN, VLADIMIR 6250 Southwest 56th Street Davie, FL 33314	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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.					
<b>SIGNATURE:</b>  <b>MONICA MARTA</b> <b>03/10/06</b> <b>(954) 327-3808</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					