

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 29, 2008  
Secretary of State

DOCUMENT# N04000011594

Entity Name: SUNSHINE FOR ALL, INC.

**Current Principal Place of Business:**

2929 SW 3RD  
340  
MIAMI, FL 33129

**New Principal Place of Business:**

2929 SW 3RD AVE SUITE 340  
340  
MIAMI, FL 33129

**Current Mailing Address:**

2929 SW 3RD AVE., #340  
MIAMI, FL 33129

**New Mailing Address:**

FEI Number: 37-1502184      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SALVADOR, ELVIS  
2929 SW 3RD AVE #340  
MIAMI, FL 33129      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: MACHADO, AIDA  
Address: 2929 SW 3RD AVE #340  
City-St-Zip: MIAMI, FL 33129

Title: S      ( ) Delete  
Name: FARNOT, DOLORES  
Address: 10101 SW 8 TERR  
City-St-Zip: MIAMI, FL 33174

Title: D      ( ) Delete  
Name: CALVINO, JAMILET  
Address: 361 NW 135 AVE  
City-St-Zip: MIAMI, FL 33182

Title: D      (X) Delete  
Name: DOVALE, FRANK  
Address: 1846 SW 150 AVE  
City-St-Zip: MIRAMAR, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: BORGES, LUZ M  
Address: 5601 SW 3RD CT  
City-St-Zip: PLANTATION, FL 33317

Title: S      (X) Change ( ) Addition  
Name: SEIJAS, VICTOR S  
Address: 13671 SW 62 ST # 101  
City-St-Zip: MIAMI, FL 33183

Title: T      (X) Change ( ) Addition  
Name: CALVINO, JAMILET  
Address: 361 NW 135 AVE  
City-St-Zip: MIAMI, FL 33182

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUZ M BORGES

P

02/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date