

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N04000011594

Entity Name: SUNSHINE FOR ALL, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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 ()

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: BORGES, LUZ M
Address: 5601 SW 3RD CT
City-St-Zip: PLANTATION, FL 33317

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: VILLAVERDE, ANTHONY
Address: 3388 W 80STREET 103
City-St-Zip: HIALEAH, FL 33018

Title: D () Change (X) Addition
Name: ARANGO, MIGUEL A
Address: 12920 SW 14 STREET
City-St-Zip: MIAMI, FL 33184

Title: D () Change (X) Addition
Name: MARTINEZ, ISEL
Address: 8311 NW 179 STREET
City-St-Zip: MIAMI, FL 33015

Title: D () Change (X) Addition
Name: HANONO, MAURICIO
Address: 2904 SW 23 TERRACE
City-St-Zip: MIAMI, FL 33145

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 BORGES

P

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date