

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Dec 16, 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 (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: 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: VILLAVERDE, ANTHONY  
Address: 3388 W 80STREET 103  
City-St-Zip: HIALEAH, FL 33018

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

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

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

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

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

Title: S (X) Change ( ) Addition  
Name: VILLAVERDE, ANTHONY  
Address: 3388 W 80TS ST # 103  
City-St-Zip: HIALEAH, FL 33018

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

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

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

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: SEIJAS, VICTOR S

P

12/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date