

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N05000009779

1. Entity Name  
SUNSHINE ELEMENTARY PARENT-TEACHER  
ORGANIZATION - PTO, INC.



Principal Place of Business  
SUNSHINE ELEM. PTO  
7737 W. LASALLE BLVD.  
MIRAMAR, FL 33023

Mailing Address  
SUNSHINE ELEM. PTO  
7737 W. LASALLE BLVD.  
MIRAMAR, FL 33023

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062006 Chg-NP CR2E037 (11/05)

Applied For  
Not Applicable

4. FEI Number

23 762 8643

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, JASSMEN  
7737 W. LASALLE BLVD.  
MIRAMAR, FL 33023

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 renaming)

DATE

Filing Fee is \$81.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D  
NAME ALVAREZ, JASSMEN  
STREET ADDRESS 2519 ISLAND DRIVE  
CITY-ST-ZIP MIRAMAR, FL 33023

Delete

TITLE D  
NAME HOYT, SHARON  
STREET ADDRESS 8763 SW 53RD ST.  
CITY-ST-ZIP COOPER CITY, FL 33328

Delete

TITLE O  
NAME CARDONA, EVELYN  
STREET ADDRESS 2837 ARCADIA DRIVE  
CITY-ST-ZIP MIRAMAR, FL 33023

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jassmen* *S*  
(Sorry!)

**FILED  
Apr 27, 2006 8:00 am  
Secretary of State**

04-14-2006 90137 031 \*\*\*\*61.25

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