2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N08000006257

Entity Name: FLORIDA SUNSHINE SUPPORT SERVICES INC.

Current Principal Place of Business:

9370 SW 72 ST, A216
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

9370 SW 72 ST, A216
MIAMI, FL 33173

New Mailing Address:

FEI Number: 26-3415499 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SOTOLONGO, ROBERTO
9370 SW 72 ST, A216
MIAMI, FL 33173 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: COB ( ) Delete
Name: SOTOLONGO, ROBERTO
Address: 9370 SW 72 ST, A216
City-St-Zip: MIAMI, FL 33173

Title: VCOB ( ) Delete
Name: SOTOLONGO, LEANNETTE
Address: 7430 SW 39 ST
City-St-Zip: MIAMI, FL 33155

Title: ST ( ) Delete
Name: SOTOLONGO, RICARDO
Address: 18163 SW 87 ST
City-St-Zip: MIAMI, FL 33186

Title: AT ( ) Delete
Name: SIMMON, EMELIA
Address: 14185 SW 87 ST, A103
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ROBERTO SOTOLONGO PD 05/01/2009

Electronic Signature of Signing Officer or Director — Date