

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006257

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**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:**

9370 SW 72 ST, A255  
MIAMI, FL 33173

**Current Mailing Address:**

9370 SW 72 ST, A216  
MIAMI, FL 33173

**New Mailing Address:**

9370 SW 72 ST, A255  
MIAMI, FL 33173

**FEI Number:** 26-3415499

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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:**

SOTOLONGO, ROBERTO  
9370 SW 72 ST, A255  
MIAMI, FL 33173 US

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: ROBERTO SOTOLONGO

04/30/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERTO SOTOLONGO

PRES

04/30/2010

Electronic Signature of Signing Officer or Director

Date