

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000006257

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA SUNSHINE SUPPORT SERVICES INC.

**Current Principal Place of Business:**

9370 SW 72 ST, A255  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

9370 SW 72 ST, A255  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:** 26-3415499

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOTOLONGO, ROBERTO  
9370 SW 72 ST, A255  
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  
**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

COB

04/28/2011

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

\_\_\_\_\_  
Date