

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P00000103239 | |  |
| 1. Entity Name SUNSHINE USED AUTO SALES, INC. | | |
| Principal Place of Business 8541 NW 96TH STREET MEDLEY, FL 33166 | | Mailing Address 8541 NW 96TH STREET MEDLEY, FL 33166 |
| DO NOT WRITE IN THIS SPACE | | |
| | |  02052006 No Chg-P CRZE034 (11/05) |
| | | 4. FEI Number 20-0826105 Applied For <input type="checkbox"/> Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent MORALES, JESUS 8541 A N.W. 96 ST. MEDLEY, FL 33160 | | DO NOT WRITE IN THIS SPACE |
| 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:  <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when certifying)</small> DATE: _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MORALES, JESUS 552 EUCLID AVE APT #11 MIAMI, FL 33139 | |
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| 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. | | |
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | DO NOT WRITE IN THIS SPACE 1100000565902 05/23/06-80003-015 150.00 04/18/06 Date Daytime Phone # _____ |