


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90194 049 ***150.00

DOCUMENT # P01000036636		
1. Entity Name SUNSHINE TOOLS, INC.		

Principal Place of Business 2342 W. 80TH ST. STE. #5 MEDLEY, FL 33166	Mailing Address 2342 W. 80TH ST. STE. #5 MEDLEY, FL 33166
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2. Principal Place of Business 2378 W 80th St.	3. Mailing Address 2378 W 80th St.
Suite, Apt. #, etc. #5	Suite, Apt. #, etc. #5

City & State Hialeah, FL.	City & State Hialeah, FL.
Zip 33016-5691	Zip 33016-5691
Country	Country



04142005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0999185	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		7. Name and Address of New Registered Agent	
MULE, MARIO 7812 NW 197TH STREET MIAMI, FL 33015		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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULE, MARIO 7812 NW 197TH STREET MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(4), 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  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **MARIO MULE, P.O. Box 335, 825-9600** Date _____ Daytime Phone _____