

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000047288

FILED  
Jan 16, 2007  
Secretary of State

Entity Name: SUNSHINE PROFESSIONAL PAINTERS, INC.

## Current Principal Place of Business:

130 NE 4TH AVE  
DEERFIELD BEACH, FL 33442

## New Principal Place of Business:

19368 ESTUARY DRIVE  
BOCA RATON, FL 33498

## Current Mailing Address:

PO BOX 5032  
DEERFIELD BEACH, FL 33442

## New Mailing Address:

19368 ESTUARY DRIVE  
BOCA RATON, FL 33498

FEI Number: 65-0574107

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HADIDA, ILAN  
130 NE 4TH AVE  
DEERFIELD BEACH, FL 33442 US

## Name and Address of New Registered Agent:

HADIDA, ILAN  
19368 ESTUARY DRIVE  
BOCA RATON, FL 33498 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:

01/16/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HADIDA, ILAN  
Address: 19638 ESTUARY DRIVE  
City-St-Zip: BOCA RATON, FL 33498

Title: VD ( ) Delete  
Name: HADIDA, LORI  
Address: 19638 ESTUARY DRIVE  
City-St-Zip: BOCA RATON, FL 33498

Title: S ( ) Delete  
Name: PERETS, MISHEL  
Address: 19638 ESTUARY DRIVE  
City-St-Zip: BOCA RATON, FL 33498

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HADIDA, ILAN  
Address: 19638 ESTUARY DRIVE  
City-St-Zip: BOCA RATON, FL 33498

Title: VP (X) Change ( ) Addition  
Name: HADIDA, LORI  
Address: 19638 ESTUARY DRIVE  
City-St-Zip: BOCA RATON, FL 33498

Title: S (X) Change ( ) Addition  
Name: PERETS, MISHEL  
Address: 19638 ESTUARY DRIVE  
City-St-Zip: BOCA RATON, FL 33498

Title: D ( ) Change (X) Addition  
Name: ELKARIF, YORAM  
Address: 22271 HOLCOMB PLACE  
City-St-Zip: BOCA RATON, FL 33428

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ILAN HADIDA

PRES

01/16/2007

Electronic Signature of Signing Officer or Director

Date