
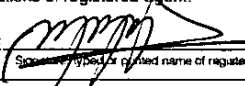
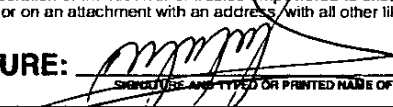


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90101 014 ***150.00

DOCUMENT # P01000049706 1. Entity Name SUNSHINE INT'L TOURS & TRAVEL, INC.					
Principal Place of Business 3100 COLLINS AVE #503 MIAMI BEACH, FL 33140			Mailing Address 3100 COLLINS AVE #503 MIAMI BEACH, FL 33140		
2. Principal Place of Business 1800 COLLINS AVE. Suite, Apt. #, etc. APT. 12A		3. Mailing Address 1800 COLLINS AVE. Suite, Apt. #, etc. APT. 12A.		04292005 Chg-P CR2E034 (10/03)	
City & State MIAMI BEACH, FL.		City & State MIAMI BEACH, FL.		4. FEI Number 65-1104376	
Zip 33139		Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIRANDA, MARIVEL MARIA 3100 COLLINS AVE #503 MIAMI BEACH, FL 33140				7. Name and Address of New Registered Agent Name MIRANDA MARIVEL MARIA Street Address (P.O. Box Number is Not Acceptable) 1800 COLLINS AVE APT. 12A City MIAMI BEACH, FL Zip Code 33139	
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 re-registering) 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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIRANDA, MARIVEL MARIA 3100 COLLINS AVE #503 MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIRANDA, MARIVEL MARIA 1800 COLLINS AVE APT. 12A MIAMI BEACH, FL. 33139.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			04/29/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		