

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000073127

Entity Name: SUNSHINE WINDOW TINT, INC.

FILED  
Aug 22, 2005  
Secretary of State

## Current Principal Place of Business:

1101 N PINE ISLAND ROAD  
PLANTATION, FL 33322

## New Principal Place of Business:

## Current Mailing Address:

1101 N PINE ISLAND ROAD  
PLANTATION, FL 33322

## New Mailing Address:

FEI Number: 65-1132910

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZALDETI, HAIME  
1101 N PINE ISLAND ROAD  
PLANTATION, FL 33322 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P D ( ) Delete  
Name: ZALDETI, HAIME  
Address: 1101 N PINE ISLAND ROAD  
City-St-Zip: PLANTATION, FL 33322

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V P ( ) Change (X) Addition  
Name: PORTAL, LIRAN  
Address: 13178 N. W 11 PLACE  
City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HAIME ZALDETI

P

08/22/2005

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

\_\_\_\_\_  
Date