

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90148 004 \*\*\*150.00

**DOCUMENT # P01000075924**



1. Entity Name  
**SUNSHINE CREDIT REPAIR, INC.**

Principal Place of Business  
**13899 BISCAYNE BLVD. #103  
NORTH MIAMI FL 33161**

Mailing Address  
**13899 BISCAYNE BLVD. #103  
NORTH MIAMI FL 33161**

**10004337**



2. Principal Place of Business  
**4445 W 16 AVE**

3. Mailing Address  
**4445 W 16 AVE**

Suite, Apt. #, etc.  
**311**

Suite, Apt. #, etc.  
**311**

CHECK HERE IF MAKING CHANGES

City & State  
**HIALEAH, FL**

City & State  
**HIALEAH, FL**

4. FEI Number **65-1127882**

Applied For  
Not Applicable

Zip  
**33012**

Country  
**DADE**

Zip  
**33012**

Country  
**DADE**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ETCHEVARNE, GABRIELA  
1595 NE 135 STREET #302  
NORTH MIAMI FL 33161**

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  **GABRIELA ETCHEVARNE President**

**01-10-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

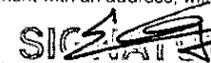
10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PS	ETCHEVARNE, GABRIELA	1595 NE 135 STREET #302	NORTH MIAMI FL 33161	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PS	ETCHEVARNE, GABRIELA	4445 W 16 AVE - Suite 311	HIALEAH, FL 33012	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **GABRIELA ETCHEVARNE - President** **01-10-03 (305)512-8598**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)