

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

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90057 041 \*\*\*150.00

<b>DOCUMENT #</b> P01000081123	
<b>1. Entity Name</b>	
SUNSHINE STATE INVESTMENT & APARTMENTS INC	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 10621 MONACO DR		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> JACKSONVILLE, FL		<b>City &amp; State</b>	
<b>Zip</b> 32218-5483	<b>Country</b>	<b>Zip</b>	<b>Country</b>

<b>4. FEI Number</b> 59-3754856	<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

<b>Name</b> ALLI, WAJAD	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 8945 SHINDLER CROSSING DR	
<b>City</b> JACKSONVILLE	<b>Zip Code</b> 32222

**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:**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D ALLI, WAJAD 8945 SHINDLER CROSSING DR JACKSONVILLE, FL 32222
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D ALLI, LEONARD 712 CEDARWOOD COURT ORLANDO, FL 32828
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D ALLI, MOHMOOD 712 CEDARWOOD COURT ORLANDO, FL 32828
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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**11.**

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IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAJAD ALLI

Date

904 757-9129  
Daytime Phone #