## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 05, 2004 8:00 am Secretary of State

DOCUMENT # P0100096831  1. Entity Name SUNSHINE CONSTRUCTION CLEAN-UP, INC.								05-05-2004	90237 02	23 ***15	0.00	
Principal Place of Business 6291 SW 18TH PLACE POMPANO BEACH, FL 33068			Mailing Address 6291 SW 18TH PLACE POMPANO BEACH, FL 33068				14021927					
2. Principal Place of Business 76th DI			3. Mailing Address 5551 NW 7CM PI Suite, Apt. #, etc.									
Suite, Apt. #, etc.  City & State			City & State				04142004	04142004 Chg-P CR2E034 (10/03)  . FEI Number Applied For			olied For	
10mpano Beach, ti			Pompano	ich,	1	65-1143		Not Applicable				
<u> 3°30</u>	73 Count	.2	<u> </u>	Count	<u> </u>			of Status Desired	F	8.75 Addi ee Required		
Name and Address of Current Registered Agent							7. Name and	Address of New R	legistered A	jent		
NOFIL, P.A., JOSEPH K 3284 NORTH STATE ROAD 7						Street Address (P.O. Box Number is Not Acceptable)						
LAUDERDALE LAKES, FL 33319												
									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												
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.							.00 May Be led to Fees			- •	-	
10.		OFFICERS AND	DIRECTORS			ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11		
TITLE NAME STREET ADDRESS C(TY-ST-ZIP	PTD ESPANA, ALBA 6291 SW 18TH P POMPANO BEAC		☐ Delete	1	E ET ADDRESS	55°	Dana, L NW rpano	liba 16th Beach	Place	Denange - 3072	☐ Addition	
TATLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BRIONES, ALVAI 6291 SW 18TH P POMPANO BEAC	LACE	☐ Delete	E Et address -St-Zip	VS Bri SS:	D ones, SINW T	Alvaro	zce	Gechange ろいて	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ų		☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					-		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	4						☐ Change	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 a produced, with all officer like empowered.												