

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121128

FILED  
Mar 16, 2005  
Secretary of State

Entity Name: SUNSHINE COMPLETE PAINTING IMPROVEMENTS, INC.

**Current Principal Place of Business:**

1835 E. HALLANDALE BEACH BLVD.  
NO. 485  
HALLANDALE, FL 33009

**New Principal Place of Business:**

1039 BLUEWOOD TERRACE  
WESTON, FL 33327

**Current Mailing Address:**

1835 E. HALLANDALE BEACH BLVD.  
NO. 485  
HALLANDALE, FL 33009

**New Mailing Address:**

1039 BLUEWOOD TERRACE  
WESTON, FL 33327

FEI Number: 30-0023269

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIVAS GONZALEZ, IMPERIO  
1835 E. HALLANDALE BEACH BLVD.  
NO. 485  
HALLANDALE, FL 33009 US

**Name and Address of New Registered Agent:**

RIVAS GONZALEZ, IMPERIO  
1039 BLUEWOOD TERRACE  
WESTON, FL 33327 US

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:

03/16/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: RIVAS GONZALEZ, IMPERIO  
Address: 1835 E. HALLANDALE BEACH BLVD. # 485  
City-St-Zip: HALLANDALE, FL 33009

Title: P ( ) Delete  
Name: CONTRERAS, ANTONIO  
Address: 1835 E. HALLANDALE BEACH BLVD., #485  
City-St-Zip: HALLANDALE, FL 33009

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD (X) Change ( ) Addition  
Name: RIVAS GONZALEZ, IMPERIO  
Address: 1039 BLUEWOOD TERRACE  
City-St-Zip: WESTON, FL 33327

Title: P (X) Change ( ) Addition  
Name: CONTRERAS, ANTONIO  
Address: 1039 BLUEWOOD TERRACE  
City-St-Zip: WESTON, FL 33327

Title: SEC ( ) Change (X) Addition  
Name: CONTRERAS, CARMEN N  
Address: 1039 BLUEWOOD TERRACE  
City-St-Zip: WESTON, FL 33327

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: ANTONIO CONTRERAS

P

03/16/2005

Electronic Signature of Signing Officer or Director

Date