

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000121128

FILED
Apr 29, 2010
Secretary of State

Entity Name: SUNSHINE COMPLETE PAINTING IMPROVEMENTS, INC.

Current Principal Place of Business:

1039 BLUEWOOD TERRACE
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

1039 BLUEWOOD TERRACE
WESTON, FL 33327

New Mailing Address:

FEI Number: 30-0023269 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONTRERAS, ANTONIO J
1039 BLUEWOOD TERRACE
WESTON, FL 33327 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: CONTRERAS, ANTONIO J
Address: 1039 BLUEWOOD TERRACE
City-St-Zip: WESTON, FL 33327 US

Title: VP
Name: CONTRERAS, CARMEN N
Address: 1039 BLUEWOOD TERRACE
City-St-Zip: WESTON, FL 33327 US

Title: CFO
Name: RIVAS GONZALEZ, IMPERIO
Address: 1039 BLUEWOOD TERRACE
City-St-Zip: WESTON, FL 33327 US

Title: CEO
Name: GONZALEZ, SUSANA E
Address: 1039 BLUEWOOD TERRACE
City-St-Zip: WESTON, FL 33327 US

Title: ASST
Name: CONTRERAS, JOFREN
Address: 1039 BLUEWOOD TERRACE
City-St-Zip: WESTON, FL 33327 US

Title: MGR
Name: CONTRERAS, HECTOR A
Address: 1039 BLUEWOOD TERRACE
City-St-Zip: WESTON, FL 33327

I hereby 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 all other like empowered.

SIGNATURE: ANTONIO CONTRERAS

P

04/29/2010

Electronic Signature of Signing Officer or Director

_____ Date