

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90003 038 ***158.75

DOCUMENT # P02000021441

1. Entity Name
SUNSHINE INVESTORS OF SOUTH FLORIDA, INC.



Principal Place of Business

1017 SW 67TH AVE.
MIAMI, FL 33144

Mailing Address

1017 SW 67TH AVE.
MIAMI, FL 33144

54005713



2. Principal Place of Business

12032 SW 132nd CT

3. Mailing Address

12032 SW 132nd CT

Suite, Apt. #, etc.

Ste # 204

Suite, Apt. #, etc.

Ste # 204

02052004

Chg-P

CR2E034 (10/03)

City & State

MIAMI 33186

City & State

MIAMI 33186

4. FEI Number

02-0603097

Applied For

Not Applicable

Zip

FL

Country

DADE

Zip

FL

Country

DADE

5. Certificate of Status Desired

☒ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, ISBELYS
1017 SW 67TH AVE.
MIAMI, FL 33144

Name

Street Address (P.O. Box Number is Not Acceptable)

12032 SW 132nd CT

Ste # 204

City

MIAMI

FL

Zip Code

33186

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

ISA RODRIGUEZ

(NOTE: Registered Agent signature required when reinstating)

02-05-04

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

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
PTD
SAN JUAN, RENE
1017 SW 67TH AVE.
MIAMI, FL 33144
12032 SW 132nd CT
Ste # 204
MIAMI FL 33186

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Othen Rodriguez
12032 SW 132nd CT Ste # 204
MIAMI FL 33186

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
RODRIGUEZ, ISBELYS
1017 SW 67TH AVE.
MIAMI, FL 33144
12032 SW 132nd CT
Ste # 204
MIAMI FL 33186

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-05-04 278-4436