


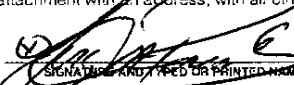
5/12/2004

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FILED  
Jun 01, 2004 8:00 am  
Secretary of State

06-01-2004 90001 012 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P02000026579					
1. Entity Name SUNSHINE OF MIAMI CORP.					
Principal Place of Business 7700 W. 24 AVE. SUITE 7 HIALEAH, FL 33018			Mailing Address 7700 W. 24 AVE. SUITE 7 HIALEAH, FL 33018		
2. Principal Place of Business 8000 W 24 Ave.			3. Mailing Address 8000 W 24 Ave.		
Suite, Apt. #, etc. Bay #2			Suite, Apt. #, etc. Bay #2		
City & State Hialeah Fl.			City & State Hialeah Fl.		
Zip 33016		Country USA	Zip 33016		Country USA
6. Name and Address of Current Registered Agent ROSADO, JORGE A 14625 S.W. 73 STREET MIAMI, FL 33183				7. Name and Address of New Registered Agent	
8000 W 24 Ave. Bay # 2 Hialeah Fl. 33016				Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSADO, JORGE A 14525 S.W. 73 STREET MIAMI, FL 33183	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3371 W 73 Terr. Hialeah Fl. 33018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TIO, MARTHA 3371 W. 73 TERR. HIALEAH, FL 33018	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3371 W 73 Terr. Hialeah Fl. 33018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  TORRE A. Rosado Pres. 5-27-04 (786) 232-1574					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

54055889



05132004 Chg-P CR2E034 (10/03)

4. FEI Number  
75-3025989

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required