-2005 17:17 From:

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Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90212 012 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000064481

Entity Name
NSHINE CONSTRUCTION SERVICES, INC

Principal Place of Business
332 SW 132ND CT
204
MIAMI, FL 33186

Mailing Address
12032 SW 132ND CT
STE# 204
MIAMI, FL 33186

04252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 14102 SW 145 Place
Suite, Apt # etc.
City & State: Miami, FL
Zip: 33186 Country: US

3. Mailing Address: 14102 SW 145 Place
Suite, Apt # etc.
City & State: Miami, FL
Zip: 33186 Country: US

4. FEI Number: 04-3684709 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SAN JUAN, RENE
12032 SW 132ND CT STE#204
MIAMI, FL 33186

7. Name and Address of New Registered Agent
Name: Rene San Juan
Street Address (P.O. Box Number is Not Acceptable): 14102 SW 145 Place
City: Miami, FL 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 X Rene San Juan 4/27/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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	VSRA SAN JUAN, RENE 12032 SW 132ND CT STE# 204 MIAMI, FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14102 SW 145 Place Miami, FL 33186	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 X Rene San Juan V 4/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2059595999