## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 05, 2005 08:00 AM Secretary of State

DOCUMENT # P02000115724  1. Enlity Name SUNSHINE APPRAISALS INC.					Secretary of State	
Principal Place 13721 SW 2 MIAMI, FL 3	· -	Mailing Address 13721 SW 21 STREET MIAMI, FL 33175				
			and the second s	06282005	No Chg-P CR2E034 (10/03)	
	OO NOT WRITE	IN THIS SPA	N THIS SPACE		4. FEI Number 03-0489666  5. Certificate of Status Desired  \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				1		
MIAMI, FL	21 STREET 33175			IN.	NOT WRITE THIS SPACE	
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.						
the colligations of registered agent					1/20/15	
SIGNATURE Signature, typed or gringd nation of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					DATE	
FILE NOW!!! FEE IS \$150.00  Due by September 7, 2005  9. Election Campaign Trust Fund Contribu				\$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS						
TITLE NAME	PD FRAGA, JOHN	_	ł			
STREET AODRESS CITY+ST-ZIP	13721 SW 21 STREET	- <del>-</del>			<u> 1 a a a a a a a a a a a a a a a a a a </u>	
TITLE	MIAMI, FL 33175	<u></u>	1	· Services	U00000370171 07/05/05-80005-005 150.00	
NAME					911 021 02 00000 000 130.00	
STREET ADDRESS CITY-ST-ZIP						
TITLE						
NAME STREET ADDRESS			ł			
CITY-ST-ZIP		<u> </u>		DO	NOT WRITE	
TITLE NAME				IN.	THIS SPACE	
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CITY-ST-ZIP	}		1		en e	
TITLE NAME						
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CITY-ST-ZIP	<u> </u>		-		en e	
NAME						
STREET ADDRESS CITY-ST-ZIP			1	***	1	
L	L	nis filing does not qualify for the ex-	emption stated in Se	ection 119.07(3)	(i), Florida Statutes. I further certify that the information	
12. I hereby certify that the information supplied with this filling 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.						