

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90314 008 ***150.00

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03072005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000122946 1. Entity Name SUNSHINE GROUP INVESTMENTS, INC.																																													
Principal Place of Business 6713 MAIN STREET SUITE 240 MIAMI LAKES, FL 33014		Mailing Address 6713 MAIN STREET SUITE 240 MIAMI LAKES, FL 33014																																											
2. Principal Place of Business 1400 PALMETTO FRUITAGE ROAD (SAME) Suite, Apt. #, etc. SUITE 300		3. Mailing Address (SAME) Suite, Apt. #, etc. (SAME)																																											
City & State MIAMI LAKES, FL		City & State (SAME)																																											
Zip 33016	Country US	Zip (SAME)	Country (SAME)																																										
4. FEI Number 30-0129068		Applied For <input type="checkbox"/> Not Applicable																																											
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																											
6. Name and Address of Current Registered Agent ARES-ROMERO, PATRICIA 6713 MAIN STREET SUITE 240 MIAMI LAKES, FL 33014		7. Name and Address of New Registered Agent Name ARMANDO ROMERO Street Address (P.O. Box Number is Not Acceptable) 1400 PALMETTO FRUITAGE ROAD SUITE 300 City MIAMI LAKES FL Zip Code 33016																																											
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: ARMANDO ROMERO 3/8/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PD ROMERO, ARMANDO 6713 MAIN STREET MIAMI LAKES, FL 33014 </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> VPD ARES-ROMERO, PATRICIA 6713 MAIN STREET MIAMI LAKES, FL 33014 </td> <td> <input type="checkbox"/> Delete </td> <td></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMERO, ARMANDO 6713 MAIN STREET MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete	VPD ARES-ROMERO, PATRICIA 6713 MAIN STREET MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete																	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> ADDRESS SAME AS ABOVE </td> <td style="text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> </td> <td> ADDRESS SAME AS ABOVE </td> <td> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS SAME AS ABOVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		ADDRESS SAME AS ABOVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition															
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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 #																																											