2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## Apr 22, 2004 8:00 am Secretary of State DOCUMENT # P02000130409 1. Entity Name 04-22-2004 90098 041 \*\*\*150.00 SUNSHINE RENTAL APARTMENTS, INC Principal Place of Business Mailing Address 4601 NW 0TH AVE. P.O. BOX 4716 14000710 DEERFIELD BEACH FL 33442 POMPANO BEACH FL 3306/ 2. Principal Place of Business 3. Mailing Address 3984 NW 3= Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 16-1646735 Not Applicable Deer \$8.75 Additional 5. Certificate of Status Desired 334 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSS. JENNIFER Street Address (P.O. Box Number is Not Acceptable) 4601 NW STH AVE. POMPANO BEACH FL 33064 3884 NW 3 = Place Zip Code **3 3 4** 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 ed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PTD Delete Addition TITLE TITLE ROSS, JENNIFER NAME NAME 4601\_NW\_9TH\_AVE STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33064 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE **VSD** ☐ Delete TITLE VANDERKAY, ROBERT H NAME STREET ADDRESS STREET ADDRESS 3426 LAKEVIEW BLVD. **DELRAY BEACH FL 33445** CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Change ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP TITLE T Change ■ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City: St-7/P-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

FILED