

Aug 05 05 02:47p

B TAMONEY CPA

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Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90004 012 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # R02000130409			
1. Entity Name SUNSHINE RENTAL APARTMENTS, INC			
Principal Place of Business 3884 NW 3RD PLACE DEERFIELD BEACH FL 33442		Mailing Address P.O. BOX 4716 DEERFIELD BEACH, FL 33442	
2. Principal Place of Business 3426 Lakeview Blvd Delray Beach FL 33445		3. Mailing Address Suite Apt. # etc City & State Zip Country	
4. FEI Number 16-1646735		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSS, JENNIFER 3884 NW 3RD PLACE DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3426 LAKEVIEW BLVD DELRAY BEACH FL 33445	
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: <i>Jennifer Ross</i>		Date: <i>Aug 05 2005</i>	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$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 (If 11)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSS, JENNIFER 3884 NW 3RD PLACE DEERFIELD BEACH, FL 33442 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3426 Lakeview Blvd Delray Beach FL 33445 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD VANDERKAY, ROBERT H 3426 LAKEVIEW BLVD. DELRAY BEACH, FL 33445 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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(2)(g), 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: <i>Jennifer Ross P</i>		Date: <i>Aug 05 2005</i>	