
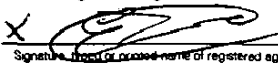



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90038 044 \*\*\*150.00

<b>DOCUMENT # P03000024944</b> 1. Entity Name <b>SUNSHINE KLEEN CORP.</b>					
Principal Place of Business 13741 SW 84 STREET APT. H MIAMI, FL 33183			Mailing Address 13741 SW 84 STREET APT. H MIAMI, FL 33183		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>57-1153888</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>URGELL, EMILIO</b> <b>13741 SW 84 STREET</b> <b>APT. H</b> <b>MIAMI, FL 33183</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE 				DATE <b>3/8/06</b>	
(NOTE: Registered Agent signature required when re-registering)				\$8.75 Additional Fee Required	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PSD URGELL, EMILIO 13741 SW 84 STREET #H MIAMI, FL 33183				Change Addition	
Delete				Change Addition	
Delete				Change Addition	
Delete				Change Addition	
Delete				Change Addition	
Delete				Change Addition	
Delete				Change Addition	
Delete				Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 				Date <b>3/8/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <b>(305) 408-8560</b>	