

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90200 027 ***150.00

DOCUMENT # P03000038394	
1. Entity Name	
A-1 SUNSHINE CONSTRUCTION INC	

03034741

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6910 SW 83 CT		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33143	Country US	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 50-0012536	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, VP, T JESUS LOMBARDO 6910 SW 83 CT MIAMI FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUINALDO RODRIGUEZ 541 EAST 37 ST HIALEAH FL 33012
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **PRESIDENT**

1/27/2003

(305) 273-0714

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #