

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90116 035 \*\*\*150.00

**DOCUMENT # P03000068377**

1. Entity Name  
**SUNSHINE COMMERCIAL INVESTMENTS, INC.**



Principal Place of Business  
**4895 WINDWARD PASSAGE DRIVE  
SUITE 4  
BOYNTON BEACH, FL 33437**

Mailing Address  
**4895 WINDWARD PASSAGE DRIVE  
SUITE 4  
BOYNTON BEACH, FL 33437**

**50014490**



2. Principal Place of Business  
**2004 NE 49th St**  
Suite, Apt. #, etc.

3. Mailing Address  
**2004 NE 49th St**  
Suite, Apt. #, etc.

02082006 Chg-P CR2E034 (11/05)

City & State  
**Ft Lauderdale FL**  
Zip  
**33308** Country  
**USA**

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**Ft Lauderdale FL**  
Zip  
**33308** Country  
**USA**

4. FEI Number  
**55-0838925** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BARTOLOME, ELMO V**  
**4895 WINDWARD PASSAGE DRIVE**  
**SUITE 4**  
**BOYNTON BEACH, FL 33437**

**7. Name and Address of New Registered Agent**

Name  
**Bartolome, Elmo V.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2004 NE 49th St.**  
City **Ft Lauderdale** FL Zip Code  
**33308**

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

**4/11/06**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT**  
**BARTOLOME, ELMO V** ☐ Delete  
**4895 WINDWARD PASSAGE DRIVE SUITE 4**  
**BOYNTON BEACH, FL 33437**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS**  
**BARTOLOME, DELILAH** ☐ Delete  
**4400 GALT OGEN DRIVE SUITE 910**  
**FORT LAUDERDALE, FL 33308**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT**  
**Bartolome, Elmo V.** ☒ Change ☐ Addition  
**2004 NE 49th St.**  
**Ft Lauderdale FL 33308**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS**  
**Bartolome, Delilah** ☒ Change ☐ Addition  
**2004 NE 49th St.**  
**Ft Lauderdale FL 33308**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/11/06**