

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000075897

FILED
Nov 20, 2006
Secretary of State

Entity Name: SUNSHINE CARIBBEAN BUDGET SHIPPING, INC.

Current Principal Place of Business:

1799 NE 164 ST #111
MIAMI, FL 33162

New Principal Place of Business:

17801 NW 2ND AVENUE
MIAMI, FL 33169

Current Mailing Address:

1799 NE 164 ST #111
MIAMI, FL 33162

New Mailing Address:

17801 NW 2ND AVENUE
MIAMI, FL 33169

FEI Number: 30-0189340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGIS, JEAN
540 NW 109TH STREET
MIAMI, FL 33168 US

Name and Address of New Registered Agent:

SOUFFRANT, MERVELIE
17801 NW 2ND AVENUE
MIAMI, FL 33169 US

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.

SIGNATURE: MERVELIE SOUFFRANT

11/20/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CIMEUS, FRANCOIS
Address: 540 NW 109TH STREET
City-St-Zip: MIAMI, FL 33168

Title: VD (X) Delete
Name: REGIS, JEAN
Address: 540 NW 109TH STREET
City-St-Zip: MIAMI, FL 33168

Title: SD (X) Delete
Name: REGIS, HEMILIE
Address: 540 NW 109TH STREET
City-St-Zip: MIAMI, FL 33168

Title: TD (X) Delete
Name: CIMEUS, GERTHA
Address: 540 NW 109TH STREET
City-St-Zip: MIAMI, FL 33168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SOUFFRANT, MERVELIE
Address: 17801 NW 2ND AVENUE
City-St-Zip: MIAMI, FL 33169

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MERVELIE SOUFFRANT

PD

11/20/2006

Electronic Signature of Signing Officer or Director

Date