

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 20, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90317 022 \*\*\*150.00

66423000



MOORE CR2E034 (11/03)

<b>DOCUMENT # P03000083021</b> 1. Entity Name <b>SUNSHINE WALLS CORPORATION</b>					
Principal Place of Business <b>2640 SW 12 STREET MIAMI FL 33135</b>			Mailing Address <b>2930 SW 107 AVE. MIAMI FL 33165</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip Country		City & State  Zip Country		4. FEI Number <b>56-2415617</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PILA, TOMAS A 2525 SW 3RD AVE. # 304 MIAMI FL 33129</b>			7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</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>					
TITLE	P	<input type="checkbox"/> Delete	NAME	ORAMAS, RICARDO M	STREET ADDRESS
					2640 SW 12 STREET
					CITY-ST-ZIP
					MIAMI FL 33135
TITLE	S	<input type="checkbox"/> Delete	NAME	ORAMAS, RICARDO M	STREET ADDRESS
					2640 SW 12 STREET
					CITY-ST-ZIP
					MIAMI FL 33135
TITLE	T	<input type="checkbox"/> Delete	NAME	ORAMAS, RICARDO M	STREET ADDRESS
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					CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS
					CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS
					CITY-ST-ZIP
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS
					CITY-ST-ZIP
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS
					CITY-ST-ZIP
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS
					CITY-ST-ZIP
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS
					CITY-ST-ZIP
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 its 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.					
<b>SIGNATURE:</b> <u>Ricardo M. Oramas President</u> <b>4/20/04 (301) 229-8353</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					