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Secretary of State

01-13-2006 90045 014 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

01092006 Chg-P CR2E034 (11/05)

DOCUMENT # P03000100834

1. Entity Name
SUNSHINE PROPERTY AND INVESTMENTS, INC.

Principal Place of Business	Mailing Address
12101 N.W. 21ST PLACE MIAMI, FL 33167-2065	12101 N.W. 21ST PLACE MIAMI, FL 33167-2065

2. Principal Place of Business		3. Mailing Address	
2817 NW 168th Ter.		2817 NW 168th Ter.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami Gardens FL.		City & State: Miami Gardens FL.	
Zip: 33056	Country: dade	Zip: 33056	Country: dade

4. FEI Number: 01-0798222 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHERY, JEAN LOUIS
12101 N.W. 21ST PLACE
MIAMI, FL 33167-2065

7. Name and Address of New 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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	TINHOMME, JULIUS		NAME	Tinhomme, Jolius	
STREET ADDRESS	12101 N.W. 21ST PLACE		STREET ADDRESS	2817 NW 168th Ter.	
CITY-ST-ZIP	MIAMI, FL 331672065		CITY-ST-ZIP	Miami Gardens, FL. 33056	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CHERY, JEAN L		NAME	Chery, Jean L.	
STREET ADDRESS	12101 N.W. 21ST PLACE		STREET ADDRESS	2817 NW 168th Ter.	
CITY-ST-ZIP	MIAMI, FL 331672065		CITY-ST-ZIP	Miami Gardens, FL. 33056	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Jolius Tinhomme 1/9/2006 (305) 625-9134/954290130[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #