

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000108942

Entity Name: SUNSHINE RECOVERY TEAM, INC.

FILED
Aug 17, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 612021
NORTH MIAMI, FL 332612021

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 612021
NORTH MIAMI, FL 332612021

New Mailing Address:

FEI Number: 34-1984045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, SERGIO
8103 CAMINO REAL #C413
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

MARTINEZ, MARGARITA
111 NW 39 AVENUE
MIAMI, FL 33126 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: MARGARITA MARTINEZ

08/17/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARCIA, SERGIO
Address: 8103 CAMINO REAL #C413
City-St-Zip: MIAMI, FL 33143

Title: VP (X) Delete
Name: GIL-GARCIA, DIANA P VP
Address: 20780 SW 236 STREET
City-St-Zip: HOMESTEAD, FL 33031 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARTINEZ, MARGARITA
Address: PO BOX 612021
City-St-Zip: MIAMI, FL 332612021

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: MARGARITA MARTINEZ

P

08/17/2006

Electronic Signature of Signing Officer or Director

Date